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ABSTRACT

This publication contains the formal papers and the summaries of informal discussions from a "Knowledge Utilization Conference on the Use of Volunteers in Vocational Rehabilitation and Public Welfare Agencies." The conference took place June 4-6, 1972, in the Washington, D.C. area. It was sponsored by the International Association of Rehabilitation Facilities, and was supported by grant from the Social and Rehabilitation Service, Department of Health, Education, and Welfare. Speakers at the meeting were federal and state officials of rehabilitation and welfare programs and representatives of organizations in the private sector that rely extensively on the talents of volunteer workers to improve and expand services for disabled and needy people. Program highlights included: (1) descriptions of a number of programs that now use volunteers to help serve poor and handicapped people, (2) the federal view of present programs and future prospects in the use of volunteers, (3) discussions of the psychosocial, economic, and legal aspects of voluntarism, (4) a personal view by an experienced volunteer, and (5) a look at new directions that voluntarism is taking and is expected to take as the field expands, especially in rehabilitation programs, which are not well established in utilizing volunteers as are public welfare programs. (Author)

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VOLUNTEERS

FOR PEOPLE
IN NEED

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VOLUNTEERS
for People in Need

Report of "Knowledge Utilization Conference on the Use of Volunteers in Vocational Rehabilitation and Public Welfare Agencies"

June 4-6, 1972
Holiday Inn, National Airport
Washington, D.C.

Sponsored by the International Association of Rehabilitation Facilities

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November 1972

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PREFACE

The evaluation of the volunteer potential of human agencies directed to vocational rehabilitation and public welfare has become a top priority. Such critical examination takes into account the phenomenon of voluntarism and extends it beyond the traditional horizon of a unitary service restricted to the conventional volunteer/client relationship. It is evident that one must conceive of voluntarism as a triune consisting of (a) the individual volunteer worker, (b) the clientele being served, and (c) the social media in the community through which the process operates.

Studies have revealed some of the aspects of modern socio-economic life that make volunteer-type services significant. Especially important are the humanitarian urges which give it a distinctive soul and inner spirit. It is quite natural to tie these acts of citizens aiding one another to the ongoing action in the community. Mounting instances attest to the fact that voluntarism has a pervasive nature which penetrates all social and economic strata, giving it a universal relevancy and a compelling social legitimacy.

The research utilization conference reported in this book was restricted to vocational rehabilitation and public welfare. It gave specific instances when the individual receiving services can also serve as a volunteer giving aid to others. In this context, voluntarism encompasses a wide variety of basic assumptions, methodologies, techniques, and services. An explanation of the ways in which the client being helped can contribute to the overall service unfolded a concept of voluntarism as an outgoing and ongoing social action. This innovative concept involved the donor and the receiver of services in a mutuality of effort which gave it life, spirit, and motivation. It irradiated into the community as it strengthened and extended the volunteer performance beyond the initial effort.

This publication contains the papers delivered at a national conference held June 4-6, 1972, in Washington, D.C. It also contains reports of the two discussion groups which met during the con-

ference. This was the first conference on the role and use of volunteers in the delivery of services through the state-federal programs of vocational rehabilitation and public welfare.

While voluminous materials relative to the utilization of volunteers in welfare programs were available, there was little such information in the field of vocational rehabilitation. This situation posed a handicap to all concerned with the success of the research utilization conference. It has been pointed out, however, in this connection that this negative finding may be significant in pointing to the need for volunteer programs presently in such scant supply.

As plans for the research utilization conference developed, it became evident that voluntarism as a modern social phenomenon is so varied that it defies an exact definition. Furthermore, there is probably no service concept in contemporary American life with a more pervasive range and social influence. One can hardly conceive of a single job that cannot benefit from the supportive services of a qualified volunteer. This conference identified the volunteer as a person brightening the social environment by providing enriching services in the community. Continuing efforts were made to interpret the image of voluntarism in the community. The social cost benefits of volunteer services were critically examined.

Speakers also identified the psychological components entering into voluntary activities, and the psychosocial aspects were analyzed as they affect the emotional climate. The growing impact of manpower shortages, the emerging role of volunteers in getting people off welfare, the indigenous volunteer as a natural in serving the underprivileged population, volunteers in school learning disability service, in courts, in correctional programs, in alcohol and drug addiction — all of these programs in today's society, while not specific to the target area of the conference, were identified as examples of the global need for volunteer services.

The title of the conference was "Knowledge Utilization Conference on the Use of Volunteers in Vocational Rehabilitation and Public Welfare." The purpose of the meeting was to explore ways in which volunteers can be used in tax-supported welfare and rehabilitation agencies. More specifically, the speakers identified ways in which volunteer manpower can be used more extensively in state agencies which provide vocational rehabilitation and social welfare services, and, in addition, explored some of the ways in which the client being helped can contribute to the service.

Pertinent research and demonstration projects supported by the Social and Rehabilitation Service were identified and utilized as background material during the planning of the conference. A planning committee was convened to determine conference objectives and content and to select speakers and conference participants. The conference participants were: members of the planning committee, writers of background papers, state welfare and vocational rehabilitation directors, key central and regional office staff personnel of the vocational rehabilitation and welfare programs, representatives of universities, national voluntary organizations, and consumer groups. and conference staff.

A planning group was established from the federal sector, several welfare and rehabilitation agencies, and from rehabilitation facilities, universities, and national voluntary organizations.

The planners were provided with an in-depth orientation as to the nature of the research utilization objective. The active involvement of all in attendance was stressed in a "shirt sleeve" type of group discussion. The motive was to get away from a purely descriptive or statistical presentation of existing programs and engage in a "think tank" operation to see new ways to improve the delivery of services through innovative utilization of volunteers as supportive personnel in state agencies which provide vocational rehabilitation and public welfare services.

At the conference, background papers were presented on (a) psychosocial aspects of voluntarism, (b) legal considerations, and (c) cost-benefit studies. The authors were from federal agencies which provide volunteer services and from a university with a special course on the training and educational preparation of volunteers. Orientation was provided to the authors in order to achieve common treatment of the subjects under study.

To review the multi-faceted and wide-ranging use of volunteers in state and community public welfare activities and to explore the situation caused by the paucity of specific volunteer programs in state vocational rehabilitation agencies, two panel presentations were arranged. One was devoted to research, demonstration, and innovative projects and development in the area of state-federal programs on welfare, while the other panel focused on state-federal programs of vocational rehabilitation.

Modern voluntarism as it applies to vocational rehabilitation and public welfare agencies and the innovative concepts of the client as

a volunteer — all have been treated at various levels in this publication.

From the position papers, special reports, and cross-fertiziliation of ideas in the group discussions, conclusions have been formed and recommendations offered to advance the overall objectives of the conference.

John E. Davis, Sc.D.
Project Director

What it Means to be a Volunteer

Giving. . .
from the center of one's being.
Receiving. . .
from lives blessed with courage
and rich understanding.
Helping. . .
to bring mankind closer to Truth
as one perceives it.
Feeling Oneness. . .
with ourselves and with humanity.
Tasting Eternity. . .
through investment in other life.
Finding Faith. . .
in the human soul and the ultimate
order of all things.
Being a Friend;
Having a Friend.
Touching. . .
other lives.
Being Touched. . .
by other lives.
Caring
Sharing.

— Diane S. Roupe

WHAT IT MEANS TO BE A VOLUNTEER

Diane S. Roupe

When you ask to have the subject "What It Means to Be a Volunteer" discussed, you are asking, to a great extent, for a very personal viewpoint and judgment.

There is considerable lack of understanding and consensus about the meaning of volunteerism. While the concept is ancient, volunteerism has not been very fully developed by man, nor has it been widely recognized as a viable solution to the problems which have plagued mankind through the ages. Volunteerism deals with human relationships — the area in which civilization has perhaps made the least progress. Through the evolution of civilization, man has placed emphasis on material growth, the arts, governmental structure, and education, and our level of attainment in these areas has been exceedingly high. However, man has not directed enough attention to the refinement of human relationships, and the world is paying the price for his neglect.

Mankind is waking up to the realization that human existence is dependent upon more than materialism, the arts, government, and education. Man is beginning to realize that none of these societal endeavors can supplant the need for mutual helpfulness among human beings. We are in the middle of one of the most turbulent eras in history. There is cause to wonder if the human species will be able to keep from annihilating itself. Perhaps the answer to that question rests upon whether or not man is learning the lesson of human interdependence — the principle that survival of the individual is dependent upon his unselfish interaction with other individuals and with all creation.

The world's greatest teachers, philosophers, and religious prophets have instructed mankind about the imperative of mutual

helpfulness since the beginning of recorded time. Confucius stated the golden rule in 500 B.C. Surely the principle of man helping his fellow man is as old as civilization itself. In fact, I believe that knowledge of the necessity of man helping man is inherent to every human soul. An individual does not have to rely on the words of the great teachers of the ages regarding the veracity and workability of mutual helpfulness and mutual dependence. For evidence, man has only to look into his own being and investigate his own experience.

I believe that one of the primary reasons for the sudden surge of interest in volunteerism is growing awareness that the volunteer concept is a prime vehicle for implementation of the principle of people helping people. Volunteerism is a latent tool waiting at man's fingertips. Volunteerism is a very simple tool. It is a very basic tool. Like other simple and basic tools, such as the wheel and the hammer, it can be applied to the solution of very complex problems. Volunteerism can go a long way toward helping mankind solve its most difficult tribulations -- toward helping mankind heal the wounds of human affliction which are so widespread across the face of the earth.

Being a volunteer means giving to another human being — giving your friendship and your understanding. Being a volunteer means sharing yourself with other human beings — your talents, your time, your energy, your mind, your experience, and your expertise.

Applying this to the considerations of this conference, I believe that volunteerism is a key missing link in our rehabilitation delivery system — in vocational rehabilitation and in the whole field of public assistance. The delivery of service to clients by paid professional staff, within the confines of a facility, cannot, by itself, accomplish the complete and satisfactory rehabilitation of an individual. People caught in the dismal treadmill of public welfare cannot become disentangled through monthly checks, food stamps, and even job training, along. *Citizens* — individually and collectively, as the community — are required to complete these processes. Vocational rehabilitation and public welfare are addressed to the habilitation or rehabilitation of individuals to the world of people — to society. Volunteers are society. They are one of the best links between the clients and the world into which we are trying to help them integrate and successfully adjust.

Rehabilitation service in our country is too much a matter of incubation for clients and not enough a matter of exposure and acclimation to the world.

Consider the benefits of a volunteer and client, who share a common interest in art, taking painting lessons together at the art center. The client gains a new, meaningful mode of self expression. He finds a useful way to employ his leisure time. He meets other people in the community who share his interest in art. He may become involved in other activities at the art center and thus broaden his scope of involvement and circle of acquaintances. The volunteer may invite the client to his home for dinner or for other social occasions. The client gains greater understanding about social interaction and learns social graces. Most of all, the client gains a friend — a person whom he knows cares about him and what happens to him, a person who wants to help, a person who respects him as an individual of worth, a person he trusts and in whom he may choose to confide. The client develops confidence in himself as he experiences interaction with people in the community. He begins to better evaluate and envision how he can secure a meaningful place for *himself* in society.

All of the benefits in the example I have given do not supplant the need for professional training and service back at the facility. I am saying that in order to complete the rehabilitation process. . . in order to really "close" a case. . .greater emphasis must be placed on getting the client out into the real world. And volunteers have the capability of accomplishing this with clients.

In order for the client to be assimilated into society, society must be willing to assimilate him. Here, again, the volunteer can be the facilitator. The volunteers themselves become aware of the needs of clients in society, and they help convey these needs to other people in the community. Volunteers are one of the best means of educating people in the community about the problems and also the capabilities and special contributions which handicapped and disadvantaged persons can make. If the community understands, the community will be more likely to act to correct inequities.

At the art center, the client begins to be recognized as an individual who is gifted in painting, or a person who possesses a deep and special understanding of life, rather than a person in a wheelchair who has limitations, or a person who is very different because he is deaf. Job placement opportunities will also open up

when more volunteers become involved in the rehabilitation process. Greater community understanding of handicapped people will breed more positive attitudes which, in turn, will open up a myriad of new opportunities for clients.

A volunteer extends his life to other life. And when life extends to other life, a mysterious and miraculous thing happens: both lives are enhanced. Mental, emotional, and spiritual growth occur in both lives.

Being a volunteer means receiving from others. Volunteers often express bewilderment when they first begin to sense that they are perhaps receiving more than they are giving. Volunteers discover that every human being has something worthwhile to give and share with every other human being. Perhaps one of the most profound lessons which volunteers learn is humility. It is true that some of the seemingly least among us are some of the greatest among us.

Through volunteer work at the Mid-Iowa drug rehabilitation center, I have made friends with heroin addicts, hippies, and prostitutes. I treasure many of these friendships. These friends have imparted much to me, and I hope I have helped them. They have suffered agonies. When people experience agony and despair, and attempt to rise above it, they gain wisdom and insight into life which most people never achieve. Courage and strength become the products of their pain. From them, I have learned courage and have gained strength. Every single one of them is basically good. Their basic goodness and their responsiveness to someone who cares, constantly inspires me to extend myself more to them and to others caught up in the same dreadful web.

At the drug center, no one is concerned about where you live, whether or not you hold a college degree, or what label is on your clothes. There, they are concerned with what you are and what you think — not with what society says you are, or with what you may pretend to be. Last names are not important. Everyone is known as a brother or a sister. I can tell you that no honor or title I could ever earn will mean more to me than the one I have at the drug center — Sister Diane.

In turn, I think I have been able to restore some of their lost faith in organized society, or "the establishment" as they call it. Through association with volunteers, my friends at the center have learned that there are people with short hair and conventional

clothes who also think much as they do.

Last Christmas, a group of these friends came to our house for a full day of cookie baking. To give you an idea of the number of cookies we baked, we used 25 pounds of flour. The cookies were delicious, but they were not the most important product of the day. The most important thing that happened that day was the achievement of greater appreciation for one another and our particular styles of living. Through them, I learned that it does not matter what a guest in our home may wear. That does not make him more interesting or less interesting company. It is what he thinks that matters. By being in our home and meeting some of my other friends, my drug center friends learned that not all the people who live south of Grand are materialistic, selfish hypocrites.

In the rehabilitation of drug abusers and people alienated from society, what could be more important than this kind of experience with people in the community? And what could be more important

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A volunteer extends his life to other life. And when life extends to other life, a mysterious and miraculous thing happens; both lives are enhanced

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for people in the community than finding new understanding and appreciation of fellow citizens who need to find dignity and self-fulfillment in conventional society?

Being a volunteer means caring. Volunteers take with them, wherever they serve, a special quality of caring which cannot be duplicated. Client after client, whose lives have been touched by volunteers, will tell you that to have someone help them who was not being paid in dollars and cents, had a tremendous impact on them. Credibility in the world of people is restored through volunteers who care. Clients who have experienced this phenomenon say: "He or she must have really cared about me; otherwise, he would not have come to help me week after week."

Being a volunteer means an opportunity to use one's special knowledge, skills, and talents. To be a volunteer is to be in one of

Intrinsic to human life is the rule that the only things we really keep are those which we give away. A volunteer experiences the indisputable proof of this spiritual law.

the most ideal roles in our society. The role affords optimum opportunities for fulfillment, self-realization, growth, and mental health.

Not only do the volunteers benefit from the use of the special skills of volunteers, the entire rehabilitation program benefits. Volunteers can expand and augment the professional services which facilities are able to provide with paid staff. We have neither the financial resources nor the trained personnel available to deliver the full complement of rehabilitation services in this country. Volunteers can help fill the gaps. Properly recruited, trained, and supervised, volunteers can contribute greatly to the service delivery team. Volunteers must never supplant paid staff; volunteers must augment paid staff.

A volunteer's special abilities should be utilized in his volunteer job. A trained physical therapist who volunteers his or her time should not be put to work stuffing envelopes, unless he particularly requests this type of volunteer job. Volunteerism is sometimes erroneously equated with non-professionalism. Volunteers are people. Volunteers have the entire range of abilities and experiences which the population has.

Research conducted as a part of the "Volunteers in Rehabilitation" Project, *revealed the demographic characteristics of volunteers presently serving in rehabilitation facilities. Ninety percent of the volunteers in rehabilitation facilities in this country

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are female; 60 per cent are 35 years of age or older (only 40 per cent of the total population falls in this age category); about 40 per cent have had some college or hold a college degree (only 20 per cent of the total population has this educational background); only 1 per cent is handicapped; and only 1 per cent is socially and/or culturally disadvantaged. So, demographically speaking, what it presently means to be a volunteer in a rehabilitation facility, is that you are probably female, you are probably over 30, you have had more formal education than the average person, and you are neither handicapped nor disadvantaged.

Volunteerism needs to spread over the entire population. Volunteer service can add meaning to the lives of all people, no matter who they are, where they are, or what they are doing — youth, retired people, blue collar workers, people in business and the professions, people from the inner city, people from all ethnic and minority groups, people with all kinds of handicaps. All have their special contributions to make through voluntary effort. All have the opportunity to grow and find a useful niche in our complex society through volunteer service to others.

Especially in the field of rehabilitation, we need to consider the habilitative aspects of volunteer service which accrue to the volunteer. Volunteer activity can be an important adjunct to the rehabilitation of handicapped and disadvantaged persons. It provides a chance to give to society, rather than just receive. Volunteer service can be a circuit to self-identity and self-esteem. Confidence, experience, and work skills can be personal benefits that individuals can receive through volunteer activity.

A volunteer is in a position of great freedom. One is free to select the area of activity which call him the most; one is free to apply whatever personal ingenuity, energy, and creative planning he can generate, to projects he believes will improve society. A volunteer is free to organize his or her own time. A volunteer can move freely in society to get things done. A volunteer can communicate with, and attempt to motivate, the political structure, organized groups, and single individuals to accomplish the goals which he or she has selected.

While professionals in government or private agencies may have substantial opportunities for accomplishing many of the same things which volunteers do, employees must operate within the confines of an organizational structure. Even where there is

maximum latitude and encouragement for cooperation with other agencies and social structures, there is not the complete freedom which is available to the independent volunteer. Of course, volunteers who function within organizations do not have total freedom in matters directly relating to those organizations and their clients.

As a volunteer, one can exercise extraordinary influence to get things done. People or agencies from whom a volunteer seeks cooperation or money know that he is not motivated by self-interest, he has no personal ax to grind. In a day when public officials are deluged with lobby activities of self-interest groups, they seem to be refreshed by and pay considerable attention to sincere volunteers whose goals are selfless. A volunteer has the political ear. A volunteer also has the ear of most businessmen. Businessmen, who tend to be profit-oriented, are especially sensitive and sympathetic to requests from volunteers. They express over and over again their appreciation of the fact that there are those in the community who are willing to offer time to concern themselves with social problems. They admire and respect a volunteer's willingness to work without monetary reward.

Being a volunteer means finding faith in the human soul and the ultimate order of all things. Volunteerism endorses the truth that every life is sacred and worthwhile. Through activities with clients from highly varied backgrounds and with a wide range of abilities and disabilities, volunteers verify the fact that pride and desire for dignity cannot be extinguished in the human soul. . .that human beings all possess the same basic desires. . .that every life can be worth living. . .that no human situation is hopeless.

Through volunteerism, one begins to feel and experience the mystical interrelationship of all people and all things. One begins to get some small inkling of the oneness of the universe.

Intrinsic to human life is the rule that the only things we really keep are those which we give away. A volunteer experiences the indisputable proof of this spiritual law.

A volunteer learns to share what he has, and a volunteer learns to accept the gift of friendship and understanding from others. In the rehabilitation process, this is the greatest value of volunteers — the sharing of friendship between a client and a person from society who cares. Upon such friendships, faith in oneself and faith in other people can be restored. Upon such friendships, lives can be rebuilt.

THE PSYCHOSOCIAL ASPECTS OF VOLUNTEERISM

Reuben J. Margolin
Matthew H. Luzzi
George J. Goldin

Volunteerism as a concept, process, and movement is hardly new. It has its roots far back in man's developmental history as a group-forming being. It is implicit in the charity construct which is so much a part of the Judeo-Christian ethic. The premium placed upon the idea of man helping his fellow man is one that has come down through the ages as good, valid, and meaningful.

Historical references indicate that some of the early civilizations had rudimentary systems for coordinating volunteer activities. The Catholic church of the Middle Ages and Renaissance period provided many services for the disabled and poor which were manned by volunteers. The diary of Marco Polo describes the welfare and rehabilitation systems of the great Khan in the Asia of the eleventh century. Volunteerism plays a significant part in these systems.

It is only relatively recently, however, that volunteerism has become a highly formalized process, designed, operated, and studied in an organized manner. Volunteerism in the United States got its major impetus as a result of industrialization and urbanization, which began to accelerate in the mid-19th century as poverty and disability began to agglomerate and be highlighted in cities. At first, major volunteer activities were directed at the more dramatic and visible disabilities — blindness and severe orthopedic-neuromuscular disorders, for example. As the century moved on, the role of the volunteer broadened to include a greater number of health and welfare activities.

It was the Civil War which caused the volunteer movement to burgeon. Women, assuming the civic responsibilities of their

husbands while the men were involved in the military effort, began to serve in large numbers as volunteers. At that time they were essentially upper class ladies who gave food, clothing, and advice, thus earning the title "Ladies Bountiful" -- a term which professionals at times unfortunately use derisively.

The depression of 1873 resulted in the first systematized efforts to coordinate volunteers — largely in charitable organizations — to prevent duplication of effort and of financial assistance. Finally, in 1892 the first major organized approach for the recruitment and training of volunteers took place with the birth of the National Council of Jewish Women. It offered training programs to prepare young women for philanthropic work and pioneered new services for other public or voluntary agencies. Modern volunteerism was thus born.

World War I resulted in the development and expansion of formalized agencies such as the Red Cross, utilizing volunteer services. During World War II, the Office of Civilian Defense spearheaded the use of volunteers on a massive basis for the manning of protective and community services.

The post-World War II era, with its war on poverty, community action programs, and its increased emphasis on rehabilitation, has cast the new volunteer in many diverse roles and caused us to stop and take a penetrating look at the role of the volunteer. Who are the new volunteers? What can they do? Where are they going and why? How can they best be utilized to meet their own personal needs as well as the needs of the health and welfare systems? These are the problems which confront modern volunteerism. This paper will examine these issues in overview with its major emphasis on psychosocial factors.

Professionalization of the Volunteer

The new role of the volunteer requires an expanded knowledge, both in substantive information involved in his particular setting and in human relations. The volunteer is called upon to react with greater emotional sensitivity to the requirements of clients. The complexity and demands of our society produce this need. These demands have resulted in increased professionalization of the volunteer in terms of capability. Training institutes, conferences, seminars, workshops, and an expanding literature have contributed to this status. Yet, it is important to realize that the major value of

volunteers lies in the original reason for their existence: namely, to give service without remuneration because "they care".

Sociological definitions of a profession include a number of attributes possessed by the volunteer. It is interesting to note that payment for services is not always an attribute for professionalism. Increased professionalization of volunteers has led to their greater interest in human relations and psychodynamics. Thus, volunteers have been able to move into roles which have high counseling or therapeutic components. In the final analysis, we recognize that whether the volunteer is providing recreational activities, feeding, transporting, reading, or any other activity with clients, there is a supportive therapeutic result if the relationship is a meaningful one to the client. Moreover, there is a certain small group of volunteers whose personality structure, capabilities, and training enable them to counsel with clients at a level beyond that of emotional support. Volunteer case aides in mental health facilities and court systems are examples of volunteers who can and do serve in counseling roles.

Social — Psychological Value

Perhaps the major social psychological value of the volunteer stems from his position as an intermediary or sociologically marginal and transitional person who can, if he possesses adequate skill, negotiate among the various social systems which impinge upon the client. While members of the agency, family, community, and vocational systems are for the most part bound and limited by the norms and values of their own systems, the volunteer's efforts can be directed at all systems. Thus, he can move in and out of systems, serving as a buffer, particularly between the client and agency professional system. Many times clients will tell volunteers things they will not tell professional members of the agency. The volunteer can serve to help the client reintegrate and renegotiate the alien factors in the various social systems which are causing him difficulty. In this regard, the volunteer can serve as an "opportunity expediter" in systems internal and external to the agency.

The unique position of the volunteer allows him to participate in aggressive outreach activities toward hard-to-reach clients. His flexible schedule and lack of agency constraints enable the volunteer to function aggressively when this course of action is indicated. In other words, the volunteer can function as a helper to assist in

the coordination of social systems for the client. Unlike the agency professional — who at times is compelled to hide behind facades of professionality, so-called objectivity, and role definition — the volunteer, as long as he remains within the bounds of agency structure and function, is free to relate and communicate through all viable approaches.

In the ever-increasing complexity of our health and welfare system, no agency or institution can function adequately when isolated from community processes. The agency must be linked to the community and the community to the agency in both communication and activity, since the goal of both agency and client is his return to maximum function in the community. Hence, the agency must remain close to the community and vice versa. The volunteer, who is essentially a member of the community, can serve as the link between the two systems. To the client, the volunteer represents a little bit of reality of the community to which he can relate in preparation for his own return to community participation. In a sense the relationship to the volunteer can be likened to the client's experience in a sheltered workshop. Just as the workshop provides a transitional vocational experience for the client, so can the volunteer provide a transitional emotional experience.

The general effect is the linking of the client to community through a "communication of caring" — the client becomes motivated by his conviction that the agency cares, the individual cares, and the community cares.

Psychodynamic Aspects

Thus far we have concerned ourselves mainly with the social aspects of volunteerism. There are also important psychodynamic factors which involve both client and volunteer. Most clients or patients live in situations of almost continued stress. A client by definition lives within the stressful conditions imposed by his illness or disability. The volunteer can provide him an opportunity to talk things out and thus to an extent relieve feelings in regard to his own physical or psychosocial problems. In addition, the volunteer can serve as a source through which the client can express his hostile feelings against the agency, institution, or its staff. However, the volunteer should be aware of his own tolerance for stress and his reactions to the stress and feelings of the clients. In many in-

stances, the client is involved in crisis situations over and above the usual stress level. The volunteer can serve as a crisis intervener to help support the individual during crisis-induced stress periods.

It is a fairly well established principle that a person who is ill or handicapped experiences an onslaught against his identity as a whole and participating individual. In some cases, where there is a change in body image or mental function, major modification and reintegration of identity must take place. The volunteer can be helpful in this regard. He or she, by representing an intact identity, can give the client a role model with which to identify. This process of identification with a role model can take place because the volunteer is very often regarded as a parent surrogate by the client, who displaces feelings for his own parent onto the volunteer. It is, therefore, vitally important that volunteers work with and accentuate the healthy components of the client's psychosocial functioning. In this respect, they are in a better position than the agency professional, who is basically called upon to cope with the pathological aspects of the client's behavior. As the client moves toward increased community participation and reintegration, the volunteer becomes increasingly important as a model for health.

Whenever there is illness, disability or deviance, dependency is a fact of life. Yet, dependency is a normal consequence, and a dependent relationship with the volunteer, when used constructively, can be a motivating force in the rehabilitation of the client. By using the client's need for a dependent relationship, the volunteer can guide the client toward independence. The volunteer can function to spread or dilute the client's dependency in a healthy way. Here again, the implication is that the dilution of dependency will take place as the volunteer helps the client move from the orientation of a setting designed to cope with illness to a community situation which emphasizes healthy participation in life's roles. The volunteer is able to use his or her relationship to communicate to the client the distinction between dependency which is appropriate to the circumstances and that which is inappropriate.

Hence, the volunteer is in a strategic position to use his or her own relationship with the client to assist him in the re-establishment of interpersonal relationships within the family and community. Generally speaking, most clients have experienced some degree of interpersonal isolation which requires help if nor-

mal interpersonal functioning is to be re-established.

The volunteer serves an important function in working with the families of clients. In certain cases clients become alienated from their families and are unable to relate in effective ways. The volunteer can serve as a type of transitional family member. The client first learns to relate to the volunteer and, having achieved this, can move back into exploratory relationships with members of his own family. In addition, the running of birthday parties for clients by volunteers, the bringing of gifts, etc., are vehicles through which a family type feeling is engendered in clients.

In many instances, volunteers and their families become substitute families for clients who have no families of their own. Frequently, the provision of a dynamic substitute family relationship is difficult because of the client's rejection of family involvement due to his own negative family experiences. Here, the volunteer must be able to accept hostility, indifference, and rejection, sometimes followed by overwhelming effusions of demonstrated love. It is important that the volunteer who will be involved in these situations be given the opportunity to become familiar with the psychodynamics of family life.

The Functions of the Volunteer

The volunteer acts as a friend. As a non-paid individual, the volunteer is perceived by the client as being there because he wants to be. Thus, the client regards the volunteer as a companion and as a friend and confidant. Clients sometimes communicate information to volunteers that they would rarely tell professional workers. They also perceive the volunteer as one who loves them and will stand by them. The volunteer is seen as the source of services and extras not provided by the agency system, but usually provided by a friend. Reading material, food treats, gifts — all are in the nature of acceptance symbols.

The volunteer is a builder of skills. In many situations the volunteer helps the client in the development of both practical and social skills. The importance of such skills cannot be minimized. Research has indicated that the absence of such skills contributes to the development of various psychosocial disabilities. Volunteers possess skills and talents which are necessary to meet special skill needs of clients and which professionals may not be able to meet. In selected situations, it is crucial that these needs be met for suc-

cessful rehabilitation. For example, in one educational therapy program, a client was interested in raising bees. A specialist in this field volunteered to teach the patient not only the intricacies of raising bees, but also sales, purchasing, and marketing procedures. Today, this client is successfully self-employed in this field. There are countless instances in which volunteers have utilized their special skills to facilitate the rehabilitation process when serious obstacles existed.

The volunteer is a creative innovator. Because volunteers are not constrained by the norms, values, and procedures of a given technical discipline, they feel a freedom to innovate in finding solutions to problems obstructing the treatment or rehabilitation process. Moreover, many times necessity compels them to modify formalized procedures which result in new and better ways of serving their clients. Also the volunteer is more apt to be faced with new and perplexing situations because his role is not always structured.

The Future of Volunteerism

There are few fields of endeavor which offer as fertile an opportunity for service, innovation, and achievement as does volunteerism. Although it is currently accomplishing much which is of major importance, the surface has hardly been scratched in terms of the magnitude of the need and the potential for achievement.

The glaring need for better and expanded day care for children will require much volunteer manpower. The psychosocial transactions between volunteer and children in day care centers is of vital importance.

Public assistance clients can never be adequately served by professional staff alone. Caseloads are and will continue to be too great. The types of services outlined in this paper are imperative. The passage of welfare reform legislation will intensify the need for volunteers in many new kinds of operations.

The use of volunteers in penology has met with encouraging success, and new developments will require volunteers with psychosocial skills in this field.

The past decade with its community action projects has pointed up the value of volunteers in the community planning process. This role has just begun and promises expansion in a number of psychosocial dimensions.

Although there are inherent problems, the trend in the direction of the use of ex-consumers of services as volunteers — such as ex-drug addicts in the treatment of current addicts — appears to be developing rapidly. The major value is the psychosocial equalization or leveling factor between helper and client.

In conclusion, we wish to emphasize that this paper has concentrated on the psychosocial transactions between volunteer and client. There are other complex psychosocial transactions such as those which occur within the service organization itself. For example, there are transactional problems between staff and volunteers in that staff members sometimes are biased against volunteers (and vice versa), perceive them as incompetent, and in some cases are threatened by them.

Moreover, we recognize that our focus has been upon the use of volunteers with potentially successful clients. There are clients who will always be institutionalized and others — the so-called "revolving door clients" — who do not stay cured or rehabilitated but who return again and again for service. With these clients volunteers must be ready to accept limited goals. However, in general, the same psychosocial principles we have discussed apply with some modification.

Training for volunteers is becoming increasingly formalized. A number of programs are housed in departments of continuing education. The future may include degree programs and research efforts. Psychosocial aspects of volunteerism should be the central theme of such training.

Finally, we can sum up with the statement that volunteerism can be a highly satisfying experience for the volunteer within which he can achieve a high level of satisfaction in being needed and helping others. It is a process which encompasses interpersonal, group, intergroup, multi-group — in fact, every facet of human relationship. In this lies its appeal; in this lies it strength.

GEORGIA'S VOLUNTEERS IN PUBLIC WELFARE

Catherine B. Healey

Citizen involvement in social services, whether public or private, must embrace the philosophy of voluntarism, which is based on the concept that every man has value as a human being and that he has the inalienable right to freely give what he has to help another. If we can accept this concept, then we can see the community as a vast human reservoir of time, talent, and skills, and the volunteer as a human resource, waiting to be tapped to help meet identified human needs. Not only are volunteers a human resource, waiting to freely give of themselves in service, but they have the inalienable right to be given the opportunity to serve.

Every man has worth and every man has something to give, including the client or other disadvantaged persons. This concept is basic to a successful volunteer program but one of the most difficult for professional staff to embrace. It is not easy for public welfare staff members who have spent almost four decades certifying that clients are old, unemployable, or disabled, to be able to see that these same clients have value as human beings and have something to give someone else.

The volunteer program for the Georgia Department of Family and Children Services (DFCS) is grounded in this basic concept of voluntarism.

In compliance with the Harris amendments of 1967, Georgia established, effective July 1, 1969, a statewide volunteer program, designed to involve the total community, including recipients, in voluntary public community services. This act afforded all citizens in Georgia their inalienable right, the opportunity to affect the environment in which they live.

During the years that the volunteer movement was developing in private agencies (Red Cross, Volunteer Bureaus, etc.), there

emerged a body of knowledge about working effectively with volunteers. It is based on experience and has been documented and recorded. From this body of knowledge basic principles of sound practice in the field of voluntarism were identified as the basis for the development of an effective method for the use of volunteers as meaningful members of the Georgia team.

Administrative Support

The first principle is administrative support. It is the board and agency executives who set policy. Their support of the philosophy of voluntarism and willingness to allocate monies and staff time for the implementation of a volunteer program is indispensable to success.

Citizen participation in the Georgia Department of Family and Children Services burst forth in July of 1969, with statewide news coverage of a mandate from the director, specifying that there would be a statewide system of advisory committees and active volunteers, including recipients, in all of Georgia's 159 County Departments by January 1970, exactly six months later.

This is not to say that mandates or regulations are the best method to use to introduce a program involving volunteers, but mandates and regulations are no strangers to public welfare. Public welfare staff members are conditioned to regulations and do respond and set priorities according to mandates. All things being equal, mandates and regulations have their value, if one is able to live with them and work through the staff hostility they create.

Indeed, as previously stated, the first principle of a sound program in citizen participation — and one necessary to the success of involving citizens in any agency, particularly a public one — is administrative support. Through the mandate, the director of the Department of Family and Children Services gave the visible support and leadership to the volunteer program which was necessary for success. If mandates are necessary for administrative support in public welfare, so be it.

Delegation of Responsibility

The second principle is the delegation of responsibility for the program to one staff person, who must be given adequate time to conceptualize, design, and plan the volunteer program. The state level position is usually called a director of volunteer services and should be a full-time paid staff position. At the county or district

level there should be additional coordinators of volunteer services who are full or part-time, depending on the size of the operation. In Georgia, major responsibility for the volunteer program was delegated to the Division of Social Administration (later the Division of Social Services) through the position of volunteer officer. This is a position in the merit system, comparable to that of state consultant or section chief. There were other positions for county and district coordinators, ranging in grade from that of Case Worker II to Field Representative II.

The first duty of the volunteer officer was to conceptualize and

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It is not easy for public welfare staff members, who have spent almost four decades certifying that clients are old, unemployable, or disabled, to be able to see that these same clients have value as human beings and have something to give someone else.

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design a program for citizen participation to embrace certain broad objectives which the Department hoped to accomplish. The first objective was that citizen participation in public welfare would expand and enrich the range and quality of services being rendered through the department's programs by utilizing the particular expertise of each citizen volunteer. The second objective was to increase respect and understanding among the community, the professionals, and the recipients and also to improve communications at all levels.

The Georgia Department of Family and Children Services is a state-supervised, county-administered public welfare system, so the plan for the volunteer program was designed to be implemented at the county level. In order to facilitate implementation, manual material based on the state plan was prepared and distributed.

This material spelled out broadly the philosophy of voluntarism, outlined the legislative base for the program, and explained what county departments needed to do to get a volunteer program started. The Division of Personnel and Staff Development cooperated with the volunteer officer in the development of guidelines for the step-by-step procedures to be followed in developing a volunteer program. The guidelines included steps for determining areas of need and developing job requests for volunteers. They contained information on methods of recruitment, screening, placing, orientation, training, supervision, and recognition, as well as methods for organizing and working with advisory committees.

A "Handbook for Volunteers" was written to be used as part of the orientation process. The handbook spells out the role of the volunteer, the responsibilities of the agency, and their interrelationship.

Publicity kits were prepared in cooperation with the information officer, to be used by coordinators of volunteer services as a guide when working with news media to interpret the volunteer program or recruit volunteers. An information pamphlet and a slide film, "Volunteers in Public Welfare," were also prepared as recruitment aids to county coordinators of volunteer services. The State Community Development Section worked with each county department in helping to identify community resources and persons interested in being volunteers.

The Statistical Division was helpful in working out a simple but effective method for the volunteer officer to collect monthly data from each county office on the kind of volunteers, number of hours worked, and the category of assignment. Similiar data were collected on volunteer service groups. These forms were later extended to include the recording of donations and gifts. This information was tabulated and computerized monthly, so that at any given time we are able to identify how many volunteers of a particular kind (teenager, recipient) were working and what they were doing.

This information has been invaluable in helping furnish information on volunteer involvement in special programs (such as Family Planning or WIN) or in identifying senior citizen volunteers or teenage involvement. The statistical printout for January 1, 1972, two years after the volunteer program was initiated, showed 7,574 individual volunteers and 2,999 volunteer service groups.

Volunteer telephone reassurance programs have saved the lives of two stroke victims in South Georgia. . .A white middle-aged homebound paraplegic woman reads daily over the telephone to a black blind lady. It makes the woman in the wheelchair feel needed. The black lady calls the volunteer "my eyes" and says she is closer to her than her own sister. . .In North Georgia a 92-year-old gentleman has graciously volunteered to meet all the transportation needs of his four widowed neighbors.

They were active in all 159 counties and had given a total of 579,748 man hours of service in the two year period.

The Regional Institute of Social Work Research, University of Georgia, under the direction of Dr. Margaret Blenkner, has long been interested in volunteers in public welfare. It did a pilot study of the DFCS Volunteer program in 1971. The data collected by the DFCS were used as background information and for sampling purposes. The purpose of the pilot study is to explore the differential use of volunteer manpower in public welfare, staff attitudes toward volunteers, volunteer satisfactions, and the interrelationship between the three findings. We believe the results will be helpful to public agencies in planning volunteer programs and in the selection and placement of volunteers.

One early problem was working out a legal way to reimburse volunteers for transportation expenses. However, with the help of the state attorney general and the Division of Personnel, we were

able to designate the volunteer as a member of the staff with the unpaid position of "volunteer". This is in keeping with the principle that volunteers are non-paid members of the staff and an important integral part of the "team". This is not to say that volunteers replace paid staff or perform their duties, but rather that they perform clearly defined tasks that do not overlap those of the professionals but do extend, enrich, and support professional staff work.

Staff Support

The third principle of a soundly conceived volunteer program is staff support. Administrative sanction and the delegation of authority must be reinforced with staff support, if there is to be an effective volunteer program. In the beginning it was recognized that it would be the consolidated effort of all divisions and all personnel working at all levels, in cooperation with the volunteer officer, which would bring about a successful volunteer program in the Georgia DFCS.

This cooperative and supportive effort was brought about through a series of planned workshops and training institutes for all personnel, (state, field, and county). This was essential in securing staff support for the program. The volunteer service officer worked closely with all state divisions and particularly with the Division of State Development in planning their work and field staffs were acquainted with plans for the volunteer program through a one-day workshop. They were urged to support and reinforce the program at their respective levels. Program officers (food, family planning, WIN) were encouraged to promote the involvement of volunteers in their respective programs. A series of workshops was conducted for county staff by program staff and the volunteer officer.

The next stop was to inform and involve all county directors. Statewide informational meetings were held at which the philosophy and legislative framework for citizen participation in public welfare was discussed and the guidelines for implementing the program were reviewed. These workshops afforded the county directors an opportunity to work out methods for putting the guidelines into practice in their respective offices. At these workshops, directors were urged to give administrative leadership

to the program, to delegate responsibility for the volunteer program to one staff person — a Coordinator of Volunteer Services, who should be given adequate time and monies to do the job — and to encourage the involvement of staff and clients in determining areas of need.

Here again, the principles recommended for use by county directors were the same as those used at the state level: *ad-*

Who knows better how to budget $82 a month than an Old Age Assistance recipient who has been learning to do just that for many years?

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ministrative support, the delegation of responsibility for the program to one person, staff support, and community involvement, including the involvement of clients. These are the key principles upon which the program for citizen participation in public welfare was based in Georgia. It was the combined efforts of all divisions, all personnel, working at all levels, in cooperation with the volunteer services officer, which brought about the successful participation of citizens in the Department of Family and Children Services.

To demonstrate these principles and to assist county directors in implementation of a volunteer program in a county department, we hired a second year School of Social Work student from the University of Georgia in the fall of 1969. This employee, working under the supervision of the Volunteer Services Officer, was placed in a county department as a coordinator of volunteer services for six months to organize a volunteer program. This was a highly successful placement and we have been able to use the student in subsequent workshops and training sessions to share with other coordinators the "how to's".

Any plan for citizen participation must be based on the concept that volunteer service is meaningful and meets a legitimate need. Whether the welfare program be state administered, as in

Michigan's "Family-to-Family" Volunteer Program,* or in Georgia where the welfare program is state-supervised and county-administered, this basic principle for developing citizen participation remains the same.

The Georgia DFCS has 159 county departments, each with varying client needs and community resources to meet these needs. Although there are unmet needs which are common to most counties, (i.e., transportation and tutoring) it was planned that each county welfare office would determine, through the involvement of staff, community and clients, its own area of greatest unmet need and implement a program of citizen involvement to meet this need. Therefore, instead of one uniform statewide program, such as the "Family-to-Family" program in Michigan, the volunteer programs in the Georgia DFCS have a different thrust in each county department, depending on the priority needs of the clients in that county. County coordinators of volunteer services were directed to involve staff, clients, and community in this determination of need.

Community Involvement

Community, client, and staff involvement is best realized through the use of advisory committees. In some counties, the coordinator of volunteer services organized one advisory committee made up of clients, volunteers, and staff. In other counties, three separate advisory committees were organized. The plan for the advisory committees depended on the local county situation and the climate of the community. However, the aim of all advisory committees was exchange of information about the volunteer program and better communication between the deliverers and consumers of service. All committees gave attention to identifying areas of need for volunteer services, locating available community resources to meet the needs, and setting priorities for the volunteer program.

In one county department the county director wanted to give priority to organizing a clothes closet to collect clothing for the poor. The service workers felt transportation should be given first attention. However, the clients felt the greatest area of need was tutorial services for their children, who had recently been integrated into a formerly all-white school and were experiencing

*Michael A. Cirrito, "Family-to-Family Program", Ingham County Department of Social Services, (Lansing, Michigan).

great scholastic difficulties. Inquiry showed the school was offering no tutorial assistance, so the advisory committee gave priority to the clients' request.

When a cooperative effort to set up a volunteer tutorial service in the school failed, the committee turned to the community. With the help of a church, which gave space, and a group of Jaycettes, who furnished supplies, after school snacks, transportation and supervision to the volunteer tutors, a tutorial program was set up for 15 children. When the teachers saw how such a volunteer service could help a slow, disadvantaged child keep up in the classroom, they were eager for the service. Now, three years later, a volunteer tutorial program is operating in five public schools in this county. It has become a total community volunteer effort.

Once an area of need for volunteer services had been identified and given priority, the committees assisted the coordinator of volunteer services in developing specific policies and procedures (again based on need) for the recruitment and screening of volunteers, their orientation, training, supervision, and evaluation and recognition.

The most successful orientation and training sessions have been those involving volunteers and recipients of service, as well as staff. To reinforce administrative support, it is important for the director of the county department where the volunteers work to welcome all new volunteers at orientation and to speak at recognition meetings. Recognition is best given at the local level by the agency in which the volunteer works, and should be an on-going, integral part of agency operations, making the volunteer feel welcome and a part of the agency staff at all times. Volunteers should be included in all aspects of agency life and have an important role to play in staff meetings and conferences. In addition to local recognition functions, it is important for the state volunteer officer to plan some type of statewide recognition program, probably in conjunction with National Volunteer Week.

After three years, the Georgia DFCS now has over 7,000 individual volunteers from all walks of life, participating in a variety of assignments which expand and enrich services to clients. As a result of a cooperative agreement between the state volunteer officer and the Georgia Nursing Home Association, teenagers are visiting the aging in nursing homes to assist with feedings and personal care or just to "cheer" the lonely. Recipients are being reim-

bursed their mileage to drive other recipients to clinics, to pick up surplus foods, or to buy groceries, while other recipients are counseling in the area of money management or family planning. Who knows better how to budget $82 a month than an Old Age Assistance recipient who has been learning to do just that for many years? Volunteer telephone reassurance programs have saved the lives of two stroke victims in South Georgia. A white middle-aged homebound paraplegic woman reads daily over the telephone to a black blind lady. It makes the woman in the wheelchair feel needed. The black lady calls the volunteer "my eyes" and says she is closer to her than her own sister. In North Georgia, a 92-year-old gentleman has graciously volunteered to meet all the transportation needs of his four widowed neighbors. In one middle Georgia county, a group of high school boys and girls cleaned up the yards of several older citizens, then plowed and planted gardens for them, so they could enjoy fresh vegetables through the summer. The girls also helped to can some of the vegetables.

Many county welfare departments have organized tutorial programs in cooperation with their local public schools, while others have concentrated on cooperative volunteer family planning programs with the Health Department. One volunteer advisory committee became so involved it had to incorporate and is now a National Volunteer Action Center. The range and variety of volunteer services are as broad as the imagination and initiative of the county Coordinator of Volunteer Services and her advisory committee, providing there is support from the county director, staff, and community. The needs of recipeints are many and varied, and it will take the consolidated effort of the total community to meet them.

Today, all over Georgia, public welfare doors are beginning to creak cautiously open and citizen volunteers are beginning to be invited to assist in the extension of services to recipients or to serve on advisory committees to assist in the determination of policy.

In some counties it has been an experience filled with frustrations, problems, and disappointments, but where the philosophy of voluntarism has been accepted and the principles of a sound volunteer program have been implemented, the experience has been challenging and stimulating, resulting in an exciting, effective volunteer program which is successfully meeting client needs.

VOLUNTEERS IN ACTION FOR CHILDREN IN TROUBLE

Elizabeth M. Cantor

The spark of inspiration that triggered the volunteer project of Action for Children in Trouble came from the book, "Manchild in the Promised Land", by Claude Brown. This dramatic autobiography of a black child growing up in Harlem, New York, gives a vivid account of the experiences and the feelings of one articulate young slum-dweller. Here is a youth, strong, healthy and gifted — not altogether without love or family influence — yet he moved back and forth between the ghetto neighborhood and the correctional schools with depressing regularity.

Following each commitment, the morning after his release found him out on the street early — hustling and stealing — repeating the same behavior that got him in trouble before. This young man finally managed to break out of his destructive pattern, but all the companions he grew up with are either dead, in jail, or in Lexington, Kentucky, under treatment for drug addiction.

As I read this book, I kept asking myself, "Why wasn't some activity or some group ready to engage his interest — to make him feel he belongs — to show him there are other ways to make him feel important and to attract attention?" As it was, he never suspected there were other ways of living. At the same time, he was subjected to overwhelming stress, pressuring him to resume the self-destructive life-style of his peers.

For many years, the staff and the volunteers concerned with juvenile delinquents in Washington, D.C., Youth Services had been concerned about the disappointing performance of youth who returned to the community from the D.C. juvenile institutions. The Children's Center at Laurel, Maryland, then included three schools for juvenile delinquents committed by the juvenile court.

Maple Glen housed 240 boys between the ages of 8 and 14 years. Cedar Knoll held approximately 550 older boys and girls ranging in age from 14 to 18 years. Oak Hill was designed for the older and more aggressive males between the ages of 15 and 21 years, with a capacity of 150. In many cases, young persons had shown much promise and improvement during their stay at these schools, only to return to their former problem behavior within three to six months after their release.

In 1969, an entirely new approach to the aftercare of juveniles was proposed. Under this plan, aftercare was to begin at the moment the teen-ager was committed to the welfare department for rehabilitation. At this point, a case worker was to be assigned to each juvenile to carry continuous responsibility for working with and planning for each child and his or her family during this stay in the institution and after his release. Caseloads were to be arranged so that each social worker would be assigned children from families living in the same neighborhood. In this way, the worker would be in a position to spend more time with families and to get to know the school personnel, the police, the local churches, and other influences prevalent in that neighborhood. In addition to the social worker, there would be educational counselors, job counselors, and training counselors to assist the young persons in solving problems and making plans relating to these areas.

Upon learning of this projected new approach for the treatment of juvenile delinquents, the Volunteer Services Office raised the question of guidance and help with leisure-time activities. Remembering the story of "Manchild" as described by Claude Brown, our officials considered it essential for the successful functioning of this new approach to help young people find more constructive ways of spending their free time. In many neighborhoods, resources were known to exist, but the young people returning home were not making use of them. There were community centers, church groups, civic clubs, school-related programs, scouts and social clubs, but no concerted effort was made to put these young people in touch with these programs. Yet it was their evening and weekend leisure time that offered them the greatest hazards and temptations to head for trouble.

It was therefore proposed that an additional staff member be included on the aftercare team to learn about the resources in the neighborhood and to interest both volunteers and volunteer groups

in welcoming the returning juveniles. They were to become involved in helping the young people to use the existing facilities and to overcome the feeling of rejection that faces returning delinquents. It was also projected that this additional staff person would learn about the teen-ager's interests and likings and possibly help develop new resources that would meet his or her needs. There was much interest in this additional staff role but there were no funds available for the additional salary.

A private donor with a small foundation was approached. She had worked as a volunteer with the Department for many years and her concern about recidivism was well known. The over-all plan for the aftercare program and the need for an additional staff person to provide the coordination of wholesome and enriching leisure time activities were described. This anonymous donor responded with great enthusiasm and expressed her interest in providing funds for a pilot project to demonstrate the possible benefits of this addition to the staff.

At this point, it seemed advisable to involve a local private civic organization to simplify and expedite procedures. The Downtown Jaycees, a local chapter of the Junior Chamber of Commerce, was approached and asked to administer the project funds and to lend support to the project. Before the details of the plan could be defined, the Jaycees responded spontaneously and stated that they were looking for this kind of project and would be very much interested in lending their assistance.

Within a very short time, the donor offered $10,000 to pay for the salary and expenses of a Coordinator of Volunteer Resources for one year and also to pay for the services of a journalist to write up the project at the end of that year, so that if successful, it might be adopted in other communities. The next step was to work out a job description and outline the qualifications for this new position. The coordinator would be expected to become acquainted with the staff and the students in the institutions in order to establish relationships which would enable him or her to learn about the needs and problems of the teen-agers getting ready to return to the community. The next step would be to canvass the neighborhood to which the young people would return and to get acquainted with key people who might be in a position to offer them recreational or educational resources and to reach out to them the hand of friendship.

Since most of the youth were black, raised in homes without a male parental figure, the recruitment of black male volunteers seemed essential. A person of maturity was needed, someone who had achieved success in the urban community and who had an inner-city background that would make possible easy and comfortable communication with the young people. It was felt that with limited funds, it would be effective to employ a successful young man, part-time — someone who had "made it" and who could serve as a model for the young people, rather than someone just beginning his career. It seemed advisable to choose a man who might help to inspire the young people to either stay in school or take some training to prepare themselves for useful careers.

The outstanding candidate was a government executive, handsome, athletic, and dynamic. This young man was well-educated but had come up the hard way, growing up in a crowded slum area and working his way through school. He was then an executive in the Federal Government, had a wife and a growing family. When the job was described to him he offered to take it regardless of salary. He had three compelling reasons. The first was that he felt the idea was sound, that it would succeed. Second, he believed the idea would spread and he wanted, as he put it, "in on the ground floor." Third, and by far the most important to him, was the remembrance that someone had reached out a hand and helped start him in the right direction when he needed it most. He could not resist the chance to help others do the same for many more children who were in trouble.

Since this was a pilot project, it was decided to assign the coordinator to one neighborhood so that his limited time could be spent getting to know the young people and the community in some depth. This Coordinator of Volunteer Resources began work as planned by spending some time at the institutions and then moved his center of interest to the neighborhood. He not only became acquainted with the local church groups and clubs, but recruited many individual volunteers to assist him in planning and carrying out group activities.

He was able to recruit some particularly gifted volunteers, one of whom began a photography club, which served as a focal point of interest for a number of the young people. Others helped organize group activities around the holidays, always miserable times for "loners." New group events included picnics on the

Fourth of July, masquerades at Halloween, trips to farms and beaches, and athletic events during school vacations. Some volunteers became tutors and encouraged youngsters to do their homework and stay in school. Many activities were not limited to the youth, but included their families as well — a new experience for many. Information about local events such as dances, athletic contests, and art exhibits was circulated among the youth, and they were encouraged to join neighborhood groups rather than just clinging to their fellow returnees from the institutions.

At the end of the year, the effectiveness of this addition to the aftercare service team was quite apparent, and this position was then included in the budget of the Bureau of Youth Services. In the meantime, the aftercare program had developed a much broader scope, expanding its activities to include children in danger of becoming delinquent, as well as delinquents returning to the community. This had become a multi-program approach for the prevention and control of delinquents, now known as Action for Children in Trouble (ACT).

The program seeks not only to reach children before arrest and commitment, but to provide community-based alternatives to institutionalization of delinquent youths. This program uses the team concept of service with teams composed of social workers, youth workers, counselors, and neighborhood aides. All of them are backed up by the supplemental services of job training specialists, school liaison officers, and other workers, including a psychiatric team. The Coordinator of Volunteer Resources is available to assist the teams to engage their young clients in wholesome and enriching experiences, either through the service of individuals or through group activities.

During the last half of 1971, the Coordinator enlisted the cooperation of a variety of public, private, church, business, college, and community groups. He also worked out supplemental services to enrich the efforts of the ACT programs. Some fruits of his efforts were special tutoring programs in math, English, and science and family outings that included tours, concerts, picnics, sightseeing trips, and movies. He also promoted educational excursions to art exhibits, plays, and concerts, as well as special events such as theatre parties, dances, and holiday celebrations.

He recruited volunteers to serve as chaperons for these special events and as instructors in arts and crafts, music, cooking, and

sewing. He secured supplies and equipment in addition to carrying out these leisure-time activities. He also secured food and food certificates for families in emergencies. He arranged for transportation and tickets of admission to athletic events and free admission to beaches, parks, and farms.

A whole group of special projects was started. The Aviation Project consisted of a day at Andrews Air Force Base as guests of the Department of Defense. A tour of the facility included the hangars, the maintenance buildings, the weather station, and other support operations. In each place, the activities were described and explained. A movie was shown about survival in case of disaster, and opportunities for careers were stressed throughout the day. Lunch was served in the mess hall, and there was much friendly contact with the service men.

Project Clean-Up was sponsored in two housing projects. Here, the ACT workers and volunteers ran contests to see which groups could accomplish most in cleaning up their yards and streets and keeping them attractive. Tours were arranged to such differing places as Park's Sausage Factory and Storybook Land, an enchanted forest. The Jaycees offered much excitement through their Soap Box Derby, the annual Christmas shopping tour, and a Space Day celebration. Interested volunteer groups donated funds to enable some young people to attend summer camp out of the city for a week or two.

One result of this activity has been the recommendation that additional Coordinators of Volunteer Resources be added to enable each neighborhood to develop its own unique projects and opportunities, to educate its residents to serve as volunteers and to develop more volunteer resources that may meet their particular needs.

This project is part of one new approach to the prevention of juvenile delinquency. Through the development and cooperation of services already existing in the community, many of the volunteers are finding new ways to make their efforts fruitful, and the youth are learning many ways to find satisfaction in constructive activities. Throughout the program, the emphasis has been cooperation and planning that includes the young people being served, their parents and neighbors, as well as the ACT workers assigned to serve them.

The activities vary from neighborhood to neighborhood and

from individual to individual. Periodic evaluations help to keep the program moving forward and to outline those aspects which seem most productive. Flexibility and creativity have been encouraged and no set pattern is expected to emerge. The volunteers themselves, including youthful clients and their families, seem to derive much benefit from the sense of responsibility and achievement they feel in planning and carrying out the activities. They also enjoy participating in the end product, whether it be a clean-up campaign, a trip, a treat, or a hobby group, because they are active organizers and doers, rather than passive recipients.

The program is not without its problems. Recruitment of volunteers especially suited to this work is difficult. Adolescents are often suspicious, uncommunicative, and reluctant to become involved. Volunteers need orientation and support to help them grow more effective and avoid encouraging excessive dependency of the youth. As these problems are coped with, experience is making the impact of the volunteer activities more significant, and lasting relationships are beginning to develop.

In summary, this program attempts to deal with two of the most tragic and overwhelming problems of urban society — loneliness and isolation. These seem most acute in the large cities where human beings tend to be strangers to one another. To quote from the report at the end of the pilot phase, "Volunteers, because they serve without pay, are able to fulfill certain needs that cannot be met by staff. Youngsters sense a difference between a paid worker, who is obligated to work with them, and the volunteer, who gives freely of his time and concern. Acceptance and loyalty by a volunteer are especially important to the returning delinquent, because the general community is so suspicious of him. This freely-given interest bolsters a youngster's sense of self-worth; he feels important because someone he respects can care about him."

This applies equally to the pre-delinquent, who also tends to feel alienated and rejected and who is reacting to the same stresses and deficiencies which affected older brothers and sisters. The volunteer role is a supplementing one, not designed to duplicate or replace staff, but to provide an extra dimension of worth and support which may help tip the balance of forces in the direction of good, healthy adjustment for our children in trouble.

CLIENTS AS VOLUNTEERS

Delwin M. Anderson

We are familiar with such phrases as "the missile gap", "the communications gap", "the generation gap", but seldom do we hear about what I would characterize as "the human services gap". Yet if we were to count the people in our mental institutions, prisons, and nursing homes and add to these the 4.5 million who are severely disabled and the 14 million whose existence depends on welfare payments, we would begin to get some measure of the human suffering and disability which indeed indicate that there is a gap in our human services delivery systems.

Many of these millions who are so desperately in need of a variety of human services are offered only custodial and institutional care and are subjected to coercion and intimidation which serve to alienate them from society and to dehumanize them. By any measure, the disparity between the social, psychological, and rehabilitative needs of people and the available financial and human resources to meet these needs is horrendous.

My assigned topic suggests a possible solution to "the human services gap". Why not simply convert clients, who have time on their hands, to volunteers, who could then provide the needed services? This notion sounds simple enough and we might well wonder why such an obvious arrangement is not more widely utilized. But the obvious often ignores the forces that operate in the practical application of an idea. Nevertheless, I am one who holds the view that the potential for clients to participate in our service delivery systems is largely overlooked by the helping professions in health, welfare, and rehabilitation agencies. I want to explore some of the professional attitudes and practices which inhibit such participation on the part of clients and to offer some guidelines and principles and conditions which, I believe, can serve to unlock this human resource potential.

Historically, our culture has emphasized individual achievement in a laissez-faire competitive environment. We have never been sufficiently tolerant of people who do not achieve this norm. We tend to regard them as deviant. As our technology advances amid many complex social changes, the support and care of this vast pool of humanity become an ever increasing problem. Dr. Werner Mendel, professor of psychiatry at the University of Southern California School of Medicine, has characterized these groups as the "resourceless people." He is highly critical of the traditional solution of "storing" these individuals in "monuments of chronicity" which carry the labels of hospitals, nursing homes, and prisons. One could add the welfare system and maybe even some rehabilitation centers to his "monuments of chronicity."[1]

But labels are elusive and even dangerous when applied to people. For example, the late Whitney M. Young, Jr., Executive Director of the National Urban League, often emphasized the fact that people living in our ghettos and impoverished areas are anything but resourceless. Their ability to survive under the adverse conditions which characterize our inner cities points to the great strength, resiliency, and courage of these people, who have learned out of desperation and necessity to support and sustain each other in circumstances which would defy the resourcefulness of the suburban dweller.

No human service gap is fully explained solely by the magnitude of the problem alone. On one bank of the gap are the people. On the other bank are the resources and delivery systems which we have established to meet the social and rehabilitative needs of various client groupings. Aside from the issues of public fiscal support, national commitment, and ordering of priorities — which are subjects in their own right — let us examine some of the methods and approaches we have hit upon in our service delivery systems.

Our institutional care systems tend to categorize people into providers and consumers — those who have something to give and those who receive. The relationship is usually a vertical one with a one-way flow from the giver to the receiver. Too often, the professionals and trained specialists among us regard themselves as sole possessors of the knowledge and skills to be used in the helping process. Professionals tend to retreat behind academic curtains and to justify their exclusiveness by accumulating scientific and technical knowledge to be shared by a chosen few.

This proclivity of the professional, along with the usually implied superiority of the provider over the consumer, has served to separate him from the client. This professional distance — another gap! — is extended by the class differential between the provider and his client. The vast majority of our providers are in the middle and upper classes, while our clients generally tend to be in the lower social and economic classes. Yet their resourcefulness, their ability to survive, their innate understanding of problems common to welfare clients, are invaluable qualities. Thus, these clients constitute a rich but neglected source of volunteer workers whose services could well be of enormous help to the professionals.

An issue for our consideration of the client as a volunteer is the one raised by the National Organization for Women of the women's liberation movement. In a resolution adopted at their Fifth National Conference in September 1971, these women raised the issue of exploitation of women through volunteer work which, as they claim, "serves to reinforce the second class status of women and buttresses the social structures which keep women in a subordinate role." While they have no quarrel with voluntarism directed toward social change, they do view service-oriented voluntarism as unpaid labor used to alleviate social ills.

This, as they view it, lowers public pressure for a more equal distribution of the nation's resources.[2]

This issue can and must be raised even more pointedly with regard to the client volunteer, particularly if we look to a group of clients who are themselves without financial resources and whom we would ask to contribute valued services without pay or without opportunity to advance toward income-producing work. This would seem to me to be a blatant form of exploitation which would be most difficult to defend.

Whenever one seeks to engage the services of people toward some common objective, one must consider what motivates people to act in ways which will achieve that objective. Maslow, who has provided a concept of human behavior, was among the first to develop a dynamic theory of motivation.[3] He views motivation in terms of a hierarchy of needs with the higher level needs activated to the extent that the lower ones are satisfied. He views man as an aspiring animal. As soon as a basic need is satisfied, a higher level need appears in its place. The process is unending and continues from birth until death.

At the lowest level are man's physiological needs for food, shelter, rest, and exercise. "Man lives for bread alone when there is no bread," but according to Maslow, a satisfied physiological need is not a motivator of behavior.

When physiological needs are reasonably satisfied, needs at the next higher level begin to motivate man's behavior. These are called safety needs — for protection against danger, theft, and

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Clients whose basic needs are not being met should most certainly have the opportunity for special job training and work experiences which could lead to paid employment. Certainly, as a minimum, there should be money allowances to cover expenses and some expectation that the volunteer experiences will lead to job qualifications.

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deprivation. In common parlance, these constitute the need for the "fairest possible break." When man is confident, he risks more. When he feels threatened, his greatest need is for protection and security from harm.

When man's physiological needs are satisfied and he is no longer fearful about his physical welfare, his social needs become the important motivation for behavior — the needs for belonging, for acceptance, for giving and receiving friendship and love. Experience bears out the fact that a closely knit, cohesive staff or family group can be more effective than separate, individual efforts in achieving organizational goals.

Above the social needs are the egoistic needs, relating to one's self-esteem and self-confidence — the need for independence, for achievement, for knowledge. Egoistic needs also include the need for recognition, for appreciation, and for the deserved respect of others. Unlike the lower needs, these are rarely satisfied, but they do not emerge to any noticeable degree until physiological, safety, and social needs are reasonably satisfied.

Finally, and the capstone on the hierarchy, there are the self-fulfillment needs. These are the needs for realizing one's potential, for continued self-development, for being creative in the broadest sense.

Maslow's notion of a need hierarchy provides one possible explanation of why the vast majority of people who are now participating in volunteer work come from the middle and upper classes. It would seem that these people, having satisfied their physiological and safety needs, now experience the emergence of social, egoistic, and self-fulfillment needs and seek and gain satisfaction and expression through voluntarism. By contrast, people who are preoccupied with the day-to-day necessity of meeting physiological and safety needs would have a lower potential for motivation to do volunteer work.

Clients whose basic needs are not being met should most certainly have the opportunity to become volunteers. Additionally, they should have the opportunity for special job training and work experiences which could lead toward paid employment. Certainly, as a minimum, there should be money allowances to cover expenses and some expectation that the volunteer experiences will lead to job qualifications.

Another well-recognized motivational factor, and one noted many years ago by Alexis de Tocqueville in his *"Democracy in America"*, is the proclivity of Americans to induce their fellow men into organizations that espouse causes. This tendency for people to band together for the purpose of acting on some common need or self-interest is the basis for many of our national organizations as well as for the increasing number of self-help groups in American life today. I view this as an extremely important generating force in approaching the question of the client as a volunteer in a human service system. Any effort to engage the client as a volunteer should always encompass client-volunteer representation in the program-planning and policy decision-making process of the agency. Such a

feature not only stimulates client interest, identification, and involvement, but becomes an essential input to the appropriateness and acceptability of services provided by any agency.

Traditional voluntarism has tended to parrot institutionalized helping systems in that the status of the volunteer, like that of the professional staff member, is of a higher level than that of the recipient of the service. That is, one has something to give, in the old tradition of *noblesse oblige;* the other has a need to receive. The inclusion of client-volunteers in the service function and decision-making process can add new vitality of purpose and direction to any agency and, in turn, help further the American dream of participatory democracy. The challenge to engage the client as a volunteer in our welfare and rehabilitative agencies' policies and planning is indeed a formidable one but one that holds great promise.

Long ago, St. Francis of Assisi, in his Prayer for Peace, said: "It is in the giving that we receive." More contemporary students of human behavior have discovered the "helper therapy principle." It suggests that the person who provides assistance to another with a similar problem frequently improves his own condition.[4] Thus, the helper principle calls attention to the therapeutic aid accruing to the volunteer who helps another person with a similar problem. Undoubtedly, this principle has accounted for the phenomenal success of Alcoholics Anonymous, Recovery, Inc., National Association of Patients on Hemodialysis, Paraplegic Veterans Association, Blind Veterans Association, and many other self-help organizations.

Established agencies in health, welfare, and rehabilitation have not capitalized on this potential use of volunteers. The reasons are not clearly evident but very likely are related to the professional distance from clients mentioned earlier. But for whatever reasons, the question remains as to whether or not agencies indeed have readily available to them a rich source of volunteers in those clients who have benefited from the services of the agency. Unlike the clients in a day-to-day struggle to meet their basic physiological needs, these clients are on the road to coping successfully with their problems and have achieved a degree of independence, social functioning, and self-sufficiency.

Whether or not these clients can be brought into present agency structures as volunteers or must function only in autonomous self-

help organizations is another question which remains unanswered.[5] My own hope would be that both forms of self-help voluntarism can prosper and that established agencies will foster and promote further developments in the self-help autonomous groupings as well as agency-based voluntarism utilizing the helper therapy principle. With regard to the latter, I am encouraged by developments within my own agency, the Veterans Administration.

The vast majority of our providers of service are in the middle and upper classes, while our clients tend to be in the lower social and economic classes. The clients' resourcefulness, their ability to survive, their innate understanding of problems common to welfare clients are invaluable qualities. Thus, these clients constitute a rich but neglected source of volunteer workers whose services could well be of enormous help to the professionals.

At the VA Hospital in Brooklyn, emphysema patients with only minimal supportive help from Social Work Service have organized for the purpose of mutual help and are mobilizing resources to meet a common problem. They have undertaken self- and family-educational projects and are actively involved in developing an emergency outpatient inhalation therapy clinic, which will allow many of their members to leave their hospital beds and pursue a life in the community.

At our VA domiciliary in Dayton, Ohio, older veterans of World War I and World War II have organized themselves into a group responsible for making contact with veterans returning from Vietnam, particularly the educationally disadvantaged, and encouraging them to use their VA benefits to further education and vocational skills.

A rather ambitious community mental health pilot project sponsored by the VA hospital in Tuscaloosa, Alabama, provides for a professional team to go into the community when a veteran is experiencing a mental health problem. Instead of recommending a quick entry into the hospital, this team works with the veteran's family and others to provide needed help in the community. Since the area covered by the hospital team is largely rural, most of the resources brought to bear on the individual and his problem are provided by local volunteers interested in the welfare of one of their neighbors.

As a final example, I would cite the experience of a number of VA hospitals in operating self-help wards and communal homes. Groups of veterans, with a mutual self-help concept, assist one another in making the transition from the hospital to the community and, later, in sustaining a successful readjustment to community life. Only minimal professional help is offered or needed.

Is the client as a volunteer a viable concept or just "pie in the sky"? If we approach the question with the simplistic solution that we need merely match the gaps in our human services with available client groups, we are doomed to failure. But if agency and staff perceptions of clients can change and if the agencies' practices and structures can be transformed into more imaginative, innovative approaches, I see great promise for the client as a volunteer.

I suggest the following guidelines and principles:

1. For those who are clients primarily because of their physiological need for food, shelter, clothing, and so forth, I would see a volunteer program which: (a) offers training, counseling, and assigned activities which carry the likelihood of future job placement; (b) provides compensation for any out-of-pocket expenses involved in training and in carrying out the volunteer assignment; and (c) gives representation in the policy and program decision-making process of the agency.

2. For clients who have benefited from health and

rehabilitative programs, I would see a volunteer program based on the helping therapy principle and using both individual (one-to-one) and group approaches. The volunteer assignments should be geared toward rehabilitation or health maintenance goals and coupled with the professional effort. Professionals should perceive such volunteers as enablers and not unsurpers of professional prerogatives. The valuable insight these volunteers have into the agency's service program should be utilized as feedback into the agency's decision-making authority and program design.

3. Agencies should actively encourage and support the development of autonomous self-help organizations. These efforts should be seen as supportive of rehabilitation goals rather than as competitive with established agency practices. Agencies should make every attempt to link the programs of self-help groups to their own programs.

Finally, I would offer a set of rights and expectations for voluntarism by clients:

- While a client should have the opportunity to volunteer, voluntarism should never be made a condition for receiving service.

A client volunteer should be afforded a peer relationship with others who serve in that role.

- A volunteer's assignment must be a purposeful one, in keeping with his talents and abilities.
- The client-volunteer's life experience should be recognized for its unique value in the therapeutic process.
- The client volunteer should be allowed to stipulate that his volunteer assignment encompass duties that will enhance his opportunity for paid employment.
- Client volunteers should have representation in the program and policy decision-making processes of the agency.
- Client volunteers who join or start to organize self-help groups within or outside the agency structure should be afforded professional help and support as needed and when requested.

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1. Panel on "Outpatient Psychiatric Treatment and Community Confrontation", *Highlights of the 14th Annual Conference: Veterans Administration Cooperative Studies in Psychintry*, Washington, D.C. 1B 10-120 Supplement 1, 1969. pp36-43.
2. "The N.W.O. Women on Voluntarism", *Voluntary Action News*, December 1971. 2(11):5.
3. Abraham H. Maslow, "A Theory of Motivation", *Psychological Reviews*. 1943. 50:370-396.
4. Frank Reissman, "The Helper Therapy Principle", *Social Work*. 1965 10(2): 14-25
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LEGAL ASPECTS IN THE USE OF VOLUNTEERS BY A FEDERAL AGENCY

Robert E. Coy
Abraham Spector

Any presentation involving such a subject as is reflected in the title should logically begin with a recitation of section 3679 of the Revised Statutes of the United States, as amended, (31 USC 655 (b)), which reads as follows: "No officer or employee of the United States shall accept voluntary service for the United States or employ personal service in excess of that authorized by law, except in cases of emergency involving the safety of human life or the protection of property."

From the quoted language it would seem that the use of volunteers by the federal government is extremely circumscribed. Fortunately, however, there have been opinions of the Attorney General of the United States, as well as decisions of the Comptroller General of the United States, which have provided a more acceptable application of this prohibition. The quoted language has been construed to refer to "service furnished on the initiative of the party rendering the same without request from, or agreement with, the United States therefor. Services furnished pursuant to a formal contract are not voluntary within the meaning of said section." (23 Comp. Gen. 900, 903. See also 30 Op. Atty. Gen. 129.) Accordingly, by applying such a limited definition of volunteers or voluntary services (or any other term derived from the Latin "voluntarius"), it is possible to distinguish gratuitous or uncompensated services from the prohibition against voluntary services.

This distinction is reflected in the Federal Personnel Manual,

Chapter 311, paragraph 1-4, which provides in part:

"c. *Voluntary service.* Voluntary service is service which is rendered by any person on his own initiative without formal request from or agreement with the United States through an authorized appointing officer. Section 3679, Revised Statutes, as amended (31 U.S.C. 665) provides in pertinent part as follows: '. . .No officer or employee of the United States shall accept voluntary service for the United States or employ personal service in excess of that authorized by law, except in cases of emergency involving the safety of human life or the protection of property.' The emergency must be sudden and unforeseen and must constitute an imminent threat to the safety of human life or the protection of property. Services rendered under such emergencies may be paid only by means of a claim.

"d. *Gratuitous service.* Gratuitous service is service offered and accepted without pay which:

> " — Is rendered to the government in an official capacity under regular appointment to perform duties the pay for which is not fixed by statute; or
>
> " — is advisory service rendered by private individuals under circumstances not involving an employer-employee relationship.
>
> "When an employer-employee relationship exists, gratuitous services may be accepted from experts and consultants appointed in conformity with 5 U.S.C. 3109 and from any employee appointed to a position the pay for which is not fixed under the classification law (chapter 51 and subchapter III of chapter 53 of title 5, United States Code) or another statute. See chapter 304 for a discussion of the appointment of experts and consultants."

In light of the foregoing, the use of the term "volunteer" in this presentation will not be in the restricted or prohibited sense, but instead will refer to gratuitous or uncompensated services.

It should be pointed out that the limitations set forth in the above-cited Federal Personnel Manual provision, with respect to the situations under which gratuitous services may be offered and accepted without pay, are not applicable where there is specific statutory authority to accept services without compensation. This point was clearly brought out by the Comptroller General in a

decision dated October 9, 1947 (27 Comp. Gen. 194), in which he discussed the differences in accepting gratuitous services where compensation for a particular position is fixed by or pursuant to law, and where there is administrative authority to set the rate of compensation. In this decision, the Comptroller General summarized the legal authority for without compensation services as follows:

> "Although the acceptance of voluntary services — that is, services furnished on the initiative of the party rendering the same without request from, or agreement with, the United States — is prohibited by section 3679, Revised Statutes, as amended, there is no provision of law which purports to prevent the acceptance of gratuitous services, if otherwise lawful, where the services are rendered by one who, upon being appointed as a Government employee without compensation, agrees in writing and in advance that he waives any and all claims against the Government on account of such service. It is only where the compensation for a particular position is fixed by or pursuant to law that the occupant of the position may not waive his ordinary right to the compensation fixed for the position. In such a case, the only lawful salary is the salary fixed by law for the position. However, even where the compensation for a particular position is fixed by or pursuant to law, the occupant of the position may waive his ordinary right to the compensation fixed for the position and thereafter forever be estopped from claiming and receiving the salary previously waived, if there be some applicable provision of law authorizing the acceptance of services without compensation."

Many agencies of the Federal Government use volunteer services either directly or indirectly in conjunction with a variety of their programs. Sometimes such use is specifically authorized by law. Frequently, however, this use is not authorized by a specific statute but rather by a general clause granting broad powers to the agencies necessary to the performance of their duties, which has been construed as permitting them to use the services of volunteers.

When specific statutory authority exists there is no problem, but when a general clause is invoked, care must be exercised that the

services do not exceed those provided by law, so as to avoid coming within the prohibition. Among the more well-known programs with specific authority for utilizing volunteers are those of ACTION, which includes the Peace Corp, 22 USC 2501 et seq.; VISTA, 42 USC 2991-2992 (b); Retired Senior Volunteer Program, 42 USC 3044; the Foster Grandparent Program, 2 USC 3044; Service Corp of Retired Executives, 15 USC 637; and Active Corp of Executives, 15 USC 637.

The authorization to the Veterans Administration to accept uncompensated or gratuitous services was initially provided in section 1500 of Public Law 346, 78th Congress, enacted June 22, 1944. This law has been known for a quarter of a century as the "GI Bill" and represented landmark legislation for the veterans of World War II. That particular provision included the following language.

> ". . .For the purpose of carrying out any of the provisions of Public, Numbered 2, as amended, and this Act, the Administrator shall have authority to accept uncompensated services, and to enter into contracts or agreement with private or public agencies, or persons, for necessary services, including personal services, as he may deem practicable."

With the codification of veterans' laws in 1958, the authorization is now found in 38 USC 213, which provides in part as follows:

> "The Administrator may, for purposes of all laws administered by the Veterans' Administration, accept uncompensated services, and enter into contracts or agreements with private or public agencies or persons (including contracts for services of translators without regard to any other law), for such necessary services (including personal services) as he may deem practicable. . ."

Additional authority is found in 38 USC 4114(a) (1), which provides in part as follows:

> "(a) (1) The Administrator, upon the recommendation of the Chief Medical Director, may employ, without regard to civil service or classification laws, rules, or regulations —
>
> "(A) physicians, dentists, nurses, dietitians, social

workers, librarians, and other professional, clerical, technical, and unskilled personnel (including interns, residents, trainees, and students in medical support programs) on a temporary full-time, part-time, or without compensation basis;. . ."

Thus, the Veterans Administration now has sufficient legal authority to authorize the services of volunteers, and we have done so throughout the agency, particularly in our medical care system, which is second to none in the world. You are all familiar with the Veterans Administration Voluntary Service (VAVS), a vital part of the Veterans Administration in carrying out its assigned function. Any elaboration on my part of this activity would be both unnecessary and presumptuous. I should point out, however, that the more than 110,000 dedicated volunteers who are utilized in our system perform a function for our veterans that is deeply appreciated.

Legal Problems Resulting From the Use Of Volunteers

The use of volunteers by a public agency, such as the VA, creates a number of interesting legal questions. For example, is a volunteer protected by the Federal Employees' Compensation Act (5 USC 8101, et seq.) if he is injured while performing volunteer duties? If he causes injury to property or to a third party, is the volunteer protected from legal action against him? Is the United States liable for his actions in this regard? What fringe benefits may legally be given to a volunteer?

There are also supplemental legal questions, which are of more concern to us as an agency than to the individual volunteer. I am referring to questions such as whether volunteers are included in computing agency employee ceilings. Similarly, when the number of employees involved in public relations work is limited by law to a percentage of total employees, can the number of volunteers be included in computing the base upon which the ratio is taken?

I will discuss in a little more detail several of the legal questions I cited previously which would be of interest to the individual volunteer. The Federal Employees' Compensation Act provides health care and monetary benefits to injured Federal employees.

That Act (5 USC 8101 (1)) defines "employee" as ("A) a civil officer or employee in any branch of the Government of the United States similar to the service of a civil officer or employee of the United States, without pay or for nominal pay, when a statute authorizes the acceptance or use of the service, or authorizes payment of travel or other expenses of the individual. . ."

Thus, volunteers who perform their services in our hospitals are protected if they incur an injury while in the performance of their assigned duties. This conclusion was recognized by the Federal District Court in *McNicholas v. United States*, 226 F. Supp. 965, DC III., 1964, which, in ruling in a case that involved a VAVS volunteer who was attempting to sue the United States under the Federal Tort Claims Act, concluded as a matter of law that:

> "1. An employee of the United States to whom the Federal Employees' Compensation Act is available is precluded from recovery under the Federal Tort Claims Act.
>
> "2. The question of whether an employment relationship existed between the plaintiff and the United States of America must be determined by reference to Federal law.
>
> "3. The Federal Employees' Compensation Act includes as employees of the United States 'persons rendering personal services of a kind similar to those of civilian officers or employees of the United States to any department, independent establishment, or agency thereof...without compensation or for nominal compensation, in any case in which acceptance or use of such service is authorized by an Act of Congress...'
>
> "4. Plaintiff, when injured, was providing recreational supplies and services which the Administrator of the Veterans Administration is authorized by law to provide. Title 38 U.S.C. 233 (3). Plaintiff was volunteering those supplies and services without compensation, and the Administrator is authorized by law to accept such volunteered services. Title 38 U.S.C 213. Accordingly, plaintiff was 'rendering personal services...authorized by an Act of Congress' as contemplated by the Federal Employees' Compensation Act. She was therefore an 'employee' under Federal law within the meaning of the Federal Em-

ployees' Compensation Act.

"5. The 'duty' of plaintiff in her employment, though voluntary, was to provide food, assist in games, and help in related recreational activities. Since she was in the correct place to help carry out that duty, during a time her purposes were being carried out, and standing available to help when allegedly injured, her injury was received 'while in the performance of (her) duty' under the meaning of Title 5 U.S.C. 751 (a), and she is accordingly entitled to Federal Employees' Compensation Act benefits.

"6. This finding is within the intent of Congress to protect those who volunteer their services under prescribed conditions. U.S. Code Congressional Service, 81st Congress, 1st Session, 1949, pages 2133-2134. Plaintiff can claim both medical treatment for her injuries under Title 5 U.S.C. 759 (a), and compensation for injuries according to a formula that covers her even though not salaried, under Section 762(c) (2) (D) of that Title. She is both protected and — as in the case of all Federal employees — she is relegated to a claim under the Federal Employees' Compensation Act as her exclusive remedy."

It must be remembered, of course, that, in any individual case or claim, entitlement to Federal Employees' Compensation benefits is determined by the Bureau of Employees' Compensation, Department of Labor, and therefore any general propositions stated herein are, at best, advisory only.

The United States, through the Federal Tort Claims Act, Public Law 601, 79th Congress, as amended, 28 USC 2671 et seq., has assumed liability for damage to or loss of property, or on account of personal injury or death, caused by the negligent or wrongful act or omission of any employee of the Government while acting within the scope of his office or employment, under circumstances where the United States, if a private person, would be liable in accordance with the law of the place where the act or omission occurred. In this connection, "employee" is defined as including officers or employees of any federal agency, members of the military or naval forces of the United States, and persons acting on behalf of a federal agency in an official capacity, temporarily or permanently in the service of the United States, whether with or

without compensation.

A number of questions relating to the legal responsibility of the Government for the actions of volunteers have arisen in our agency over the years. Without attempting a detailed analysis of the issues involved, or of the Federal Tort Claims Act itself, it can generally be stated that a volunteer who is subject to the Government's control (or right to control) and is acting within the scope of his office or employment would subject the United States to liability for his actions, under the provisions of the Federal Tort Claims Act.

Of course, final decision as to whether an employee was acting within the scope of his office or employment rests with the Department of Justice and ultimately with the courts, rather than with the Veterans Administration. Furthermore, each decision must, of necessity, be dependent upon the factual situation involved. It is important to point out, however, that the volunteer, in order to be considered within "the scope of his employment" must have been undertaking duties he was directed (or at least authorized) to perform by the Government official responsible for his supervision.

For example, if an employee decides to undertake an activity on his own, such as taking a few patients in his private car for a short drive in the park, without the specific, or at least implied, approval of his superior, he might not be considered an "employee of the Government" during this activity. This status becomes of major importance, not only in determining the responsibility of the Government for his acts, but also in determining whether the volunteer has any protection from personal liability.

To briefly explain, Public Law 87-258, as amended, 28 USC 2679, effective March 21, 1962, provides for the defense by the Government of suits against Federal employees or their estates arising out of their operation of motor vehicles in the scope of their office or employment with the Federal Government. Actually, the end result is to immunize the Federal employee from personal liability, since the law provides that the injured party's sole recovery is against the Government under the Federal Tort Claims Act. In our opinion, a volunteer who is specifically authorized to drive a Government vehicle (or even his private vehicle under some circumstances) in connection with an approved VA activity would be considered a Federal employee within the purview of the provisions of Public Law 87-258, and would be afforded the protection which it provides. On the other hand, an unauthorized

or unsolicited use of the automobile probably would change the volunteer's status, and the stated protection would not apply.

Most of our volunteers do not drive automobiles on official Government business and would, therefore, not be covered by the so-called "Drivers Liability Act". On the other hand, we have another personal immunity statute which was patterned after the Drivers Act, and which is much more applicable to the type of activity usually performed by VA volunteers. I am referring to 38 USC 4116, which provides for the assumption of liability by the United States in a suit for damages for personal injury, including death, allegedly arising from malpractice or negligence of a physician or other named medical personnel, *"or other supporting personnel in furnishing medical care or treatment while in the exercise of his duties in or for the Department of Medicine and Surgery."*

Whether a volunteer would be eligible for protection afforded by section 4116 depends upon whether he can be considered to be "other supporting personnel" within the purview of the Act, and whether the service rendered can be considered the "furnishing of medical care or treatment." Here again, a final decision will depend upon the activity the volunteer is supplying. It can generally be stated however, that most activities by volunteers in our hospitals are related to the normal medical care or treatment program provided to veterans, and the volunteer is contributing to that program. Thus, he can be considered to be within the category of "supporting personnel" as provided in 38 USC 4116.

This means that should a wheel chair, for example, tip over while being pushed by a volunteer, any recourse of the medical patient to recover damages would have to be directed against the Government rather than against the volunteer personally. We believe this immunity provision is a valuable tool in helping the VA attract volunteers, since we can provide them a type of personal liability insurance not normally available to most volunteers, which will cover their actions undertaken at our requests.

There is one more type of protection available to volunteers that I would like to mention briefly. As you all know, VA volunteers do on occasions work with all kinds of patients, some of whom may be violent. Under these circumstances, there have been occasions when an employee has eyeglasses broken or clothes torn. When this occurs, the employee may be reimbursed for the cost of repairing or replacing the personal property damaged by a patient,

under the provisions of 38 USC 233 (a) (5), as amended by Public Law 87-574, August 6, 1962. There is also a broader-based statute, the "Military Personnel and Civilian Employees" Claims Act of 1964," as amended, 31 USC 240-243, which authorizes payment of claims of not more than $6,500 made by a civilian officer or employee of an agency for damages to, or loss of, personal property incident to his service. These losses need not be attributable to patient activity. Undoubtedly, both of these statutes afford additional protection to volunteers, as uncompensated employees.

What follows, reproduced from our VA manual relating to the Veterans Administration Volunteer Service, is a brief summary of several additional services and benefits made available to VA volunteers which I have not previously discussed:

May 13, 1968 M-2, Part XVII

Chapter 4. Services and Benefits Available To Volunteers

4.01 SUBSISTENCE

Meals may be furnished without charge to RS volunteers serving in VAVS provided the scheduled assignment extends over an established meal period, and to occasional volunteers at the discretion of the hospital Director if he determines that the individuals render a service which will benefit VA in discharging its responsibilities to patients. At stations where no VA facilities are available to furnish such meals, VA is authorized in accordance with existing regulations, to arrange for meals without charge for volunteers when their scheduled assignments extend over established meal periods. Where VA facilities are available to furnish meals, the Director, Voluntary Service, will inform the Chief, Dietetic Service, early enough for planning purposes, of any substantial change in the routine number of volunteers usually provided meals. (See M-1, pt. I, pars. 2.26 and 2.49h; MP-1, pt. II, par. 202.15.)

4.02 QUARTERS

In case of emergency, quarters may be furnished temporarily, if available, at no charge to RS volunteers. (See M-1, part. I, par. 2.12.)

4.03 TRANSPORTATION

a. Necessary transportation may be furnished those volunteers whose presence at the VA hospital is determined to be "necessary for a complete medical and hospital service." Such "necessary" transportation can be furnished by means of Government transportation (obtained by either a direct contractual arrangement or an indirect arrangement, utilizing tickets, tokens, or cash provided by way of reimbursement). (See General Counsel's Opinion, Veterans Administration — OP. G.C. 4-65.)

b. RS volunteers are authorized use of Government transportation for official purposes in accordance with established policy. (See MP-3, pt. III, par. 31.02 p (1).)

c. Volunteers are authorized to accompany VA patients traveling in VA-owned vehicles to scheduled off-station activities.

4.04 MEDICAL TREATMENT

a. Volunteers will be afforded, free of charge, health services and medical benefits in accordance with established policy for employees as outlined in MP-5, part I. Specifically:

(1) Emergency outpatient treatment for injuries sustained while performing assigned volunteer services will be provided volunteers.

(2) A physical examination incident to authorization to serve as a volunteer normally is not mandatory. However, appropriate examination will be given if medically indicated.

(3) A physical examination will be administered without charge if it is determined locally that such an examination is necessary for the protection of volunteers and patients.

b. RS volunteers will be provided a tuberculosis test and examination including chest X-rays, without charge, the same as employees, unless specific exception is made by the personnel physician or the Tuberculosis Control Officer.

As the role of the Government becomes more involved in the day-to-day activities of this country, it becomes apparent that the number of citizens on governmental payrolls will not diminish. This group of individuals is a potential source for volunteers, since we are finding more and more that the training they receive in, or duties they undertake for, the Federal Government, are also in

increasing demand in the private sector. Questions arise, however, as to whether this group of individuals, who are on a Federal payroll, can also serve in an additional volunteer capacity for the Government during a time other than their normal duty hours. For the purposes of this discussion we will assume, of course, that the volunteer duties which they desire to participate in do not conflict with their official duties, since they would otherwise be prohibited. In addition to the conflict of interest problem, however, the question arises as to whether participation in volunteer activities, that may include some fringe benefits, such as free meals, etc., would be prohibited by the provisions of chapter 55, subchapter IV of title 5, United States Code, which prohibit the receipt of dual compensation by Federal employees.

In a decision dated May 27, 1944 (B-41950), published in 23 Comp. Gen. 990, the Comptroller General issued a decision which related to a full-time Federal employee nurse who wanted to render some volunteer duties, but questioned whether she would be in violation of the dual compensation prohibition. In that decision, the Comptroller General held that part-time, intermittent, or temporary employment does not conflict with the holding of an office to which compensation is attached within the meaning of the cited statute, and since the employment as a nurses' aide would not be incompatible with her normal Federal service, there would be no objection to her employment as a volunteer.

I have obviously discussed only a few of the legal problems or ramifications associated with the use of volunteers in Federal service. Moreover, I have tended to restrict the majority of my comments to legal problems which arose in connection with volunteer activities in the Veterans Administration. What I have given you cannot, therefore, be considered as a complete treatise on the Government-wide problems in this area, but should only be considered a brief resume of a limited segment of these problems, and the way they are handled by our agency. Obviously, we are undergoing a state of changing law in the area of volunteer usage, and I am sure that the years ahead will find many more problems that must be resolved. I am also sure, however, that we will find a way to solve these problems, so that we can continue to utilize the services of dedicated individuals in this country who are willing to contribute their labor to worthwhile causes.

VOLUNTEERS IN THE OKLAHOMA VOCATIONAL REHABILITATION AGENCY

Edward J. Aud

The administrators of the Oklahoma Rehabilitation Service decided to explore the use of well-trained, rehabilitation-oriented volunteers in 1961, when it became apparent that an existing time-lag between onset of disability and referral for services was expensive in terms of increased costs of rehabilitation, depression of client morale, and client loss of confidence and motivation. These undesirable factors also resulted in increased dependency on the part of the clients.

When we examined these conditions, we realized that the agency was doing an inadequate job of maintaining contact with and providing supervision for clients from rural areas who were hospitalized in urban medical centers. Rehabilitation counselors officed in metropolitan areas, where the major hospitals were located, carried large caseloads and were unable to visit these clients. Problems of distance and insufficient funds often made it impossible for relatives and friends to visit them.

It seemed likely that rehabilitation volunteers could make hospital visits and enable the agency to maintain contact with lonely and apprehensive clients in strange surroundings far from home. We also felt that capable volunteers would serve as continual reminders to the hospital personnel of the availability of services and that they would assist physicians in making referrals and dramatize the desirability of early referrals.

The research and demonstration project, supported with federal funds, was designed to achieve more thorough rehabilitation in the larger hospitals in the two most populous areas of the state through the use of volunteers as a supplemental resource to the state

agency. Its specific purposes were to demonstrate the extent to which volunteer workers might increase the number of referrals from hospital and medical personnel, to improve rehabilitation services through the development of earlier referrals to insure contact with and supervision of persons undergoing physical restoration, and to enhance agency relationships with physicians, hospital personnel, and the general public.

Five large hospitals in Oklahoma City and three in Tulsa were selected for the project. Four hospitals had auxiliaries composed of full-time salaried directors and volunteer workers, who specified the type and hours of work they preferred. One Oklahoma City hospital did not have an auxiliary, but Gray Ladies from the Red Cross chapter performed volunteer work there. Our project people made contacts with the auxiliary directors and the leader of the Gray Ladies and solicited their cooperation. This appeared more feasible than seeking recruits from such groups as church organizations, retired teachers, and senior citizens.

Each hospital already had volunteers who visited patients and performed other duties for them. Some hospital administrators and directors of the auxiliaries felt that it might decrease their operational effectiveness if other volunteers were assigned to serve a specific group of patients for an agency not within the administrative jurisdiction of their hospitals. Since the auxiliary workers were interested in service to patients, it seemed likely that visiting the rehabilitation agency's clients would not impose a heavy additional burden upon them.

The project personnel consisted of a technical director and a coordinator of auxiliary services. The technical director, a registered nurse, was assigned to work with the staffs of the Oklahoma City hospitals; the coordinator, a social worker, worked in the Tulsa area. These individuals were selected because of their familiarity with hospital procedures, their experience in working with medical and paramedical groups, and because of their understanding of the services and procedures of our agency. They were personally acquainted with most of the hospital personnel involved, including the administrators, directors of nursing, physical therapists, and auxiliary members. This enabled them to arrange for members of the auxiliary to become visitors with complete understanding and cooperation from everyone concerned. Some auxiliary directors accepted the proposal almost immediately,

while others referred the request to the Auxiliary Board for approval. They made many suggestions that helped mesh the project operation with the hospital routine.

We informed the Oklahoma County and Tulsa County medical societies of the objectives of the project. Their advocacy was invaluable. Individual physicians and paramedical people were apprised of the aims and goals of the project and their support was secured. Each hospital administrator designated one person — a head nurse, social worker, or physical therapist — to remind busy physicians that vocational rehabilitation might be suitable for certain of their patients.

The technical director and coordinator depended upon the judgment of the auxiliary director in making the final selection of visitors in each instance. Selections were made on the basis of interest in community service, tolerance and understanding of people, patience as a listener, flexibility, responsiveness to others, warmth, and thoughtfulness and sensitivity toward and interest in the welfare of other persons.

Formal orientation to the rehabilitation program was provided the first group of volunteers chosen as visitors in the Oklahoma City and Tulsa hospitals. Those in attendance included auxiliary workers, registered nurses, some of the directors of nursing, social workers, and ministers. The directors of nursing, ministers, and social workers attended to learn how to use rehabilitation as a community resource. The orientation program consisted of the historical background, philosophy, objectives, and legal responsibilities of the agency; the counselor and his responsibilities; the physical restoration program; and the purpose of volunteer visits. This agenda also outlined to each visitor precisely what her responsibilities were to her auxiliary, to the clients, and to the agency. The visitors were advised that their visits were not to be used as rehabilitation counseling sessions, but were primarily for morale building, public relations, facilitating early referral, and keeping the counselors informed of the progress of their clients.

Later, as the project was extended into other hospitals, similar orientation programs were conducted, although they were condensed into shorter time periods for the convenience of the volunteer visitors. Many followup discussions were held by the technical director and the coordinator. This resulted in an informal but continuing in-service training program. This was essential as there

were many changes of personnel in the auxiliaries. New volunteers, in some cases, came into the program as often as once a week or even more often.

Visits were made both to clients and potential clients. Sessions with potential clients were most demanding, since they required more explanation of the reasons for the visit and a general discussion of the services provided by the agency. These visits required more support from the technical director and coordinator. Potential clients were individuals referred by physicians and paramedical personnel. Questions were answered regarding services, and an informational brochure was given to them. The visitor completed a referral form during the visit. In addition to basic referral information, this form included directions to the client's home, the name of his family physician, and whether or not the referring physician had told him about vocational rehabilitation. The visitor explained that the information would be sent to the rehabilitation office nearest the client's home and that a counselor would contact the patient when he was ready for discharge from the hospital.

The volunteer who visited clients hospitalized for diagnostic procedures or for physical restoration purposes introduced herself as a representative of the agency. These visits were primarily for morale support and to maintain contact between the client and the agency while he was hospitalized. Clients who spent only two or three days in the hospital usually received one visit. Those who were hospitalized for longer periods of time were usually visited daily during the first week, when apprehension and depression were likely to be most intense. The visitor made certain that the client knew how to reach his local rehabilitation office in the event problems developed. She mentioned that the counselor had asked her to visit and see how the client was getting along.

The social information provided by the counselor on the "Request for Visit" form was helpful to the visitor in initiating conversation. The visitor assured the client that arrangements had been made for his transportation home following discharge.

Visits to clients were normally made by more than one volunteer, as they usually worked only four to eight hours per week. Continuity of visits and conversation were maintained by asking the first visitor to make notes of her visit. Where daily visits were made, the volunteers submitted a visit summary twice a week. It

became apparent, as would be expected, that clients were more apprehensive on the day of admission, especially if surgery was scheduled for the following morning. The volunteers, therefore, suggested that the "Request for Visit" forms be submitted in sufficient time for visits to be made on the evening of admission.

Three forms were devised for reporting: "Request for Visit", "Referral to Vocational Rehabilitation Service," and "Report of Visit." The "Request for Visit" was completed in triplicate by the counselor. The original was forwarded to the technical director or the coordinator, who made a record for control purposes and sent it to the auxiliary office of the admitting hospital for the visitor. One copy was retained in the counselor's files, and the other copy was forwarded to his supervisor for informational and control purposes.

The "Report of Visit" form was completed in triplicate by the volunteer and sent to the technical director or coordinator. She retained one copy for statistical reporting, forwarded the original to the counselor, and sent the other copy to the supervisor. A followup telephone call was made if this form was not received by the technical director or coordinator within three days. It was permissible for the counselor or supervisor to make followup requests if the form was not returned within a reasonable time. Almost all of the "Request for Visit" forms were honored unless the client's hospital stay was extremely short.

Physicians referred patients to the agency by dictating a request to the nurse, who entered it on the patient's chart. The head nurse then referred the patient to the volunteer worker, who completed the "Referral to Vocational Rehabilitation Service" form and sent it to the technical director or coordinator, who forwarded it to the appropriate counselor.

The technical director developed posters, in black and turquise on white, featuring rehabilitation of individuals disabled by automobile accidents, farm accidents, industrial accidents, and mental and emotional illness. The words "Counseling - Training - Therapy" appeared on each poster, indicating that these services were available to individuals who became disabled. These framed posters were placed in physicians' lounges, on bulletin boards near elevators and near nursing stations, as well as in public buildings and in vending stands operated by blind clients. One state legislator displayed them at his automobile agency.

The volunteer project promoted improved relationships between the agency and the hospital staffs. It provided an increased sense of responsibility and prestige to the hospital auxiliaries. It raised the morale of hospitalized clients, and it increased early referrals without additional demands on the rehabilitation staff. The involved physicians and paramedical people became very cooperative

The volunteers were instrumental in increasing referrals and in decreasing the time lag between onset of disability and referral. Physicians and paramedical personnel learned more about rehabilitation services.

when they learned about the services available. Hospital personnel reported that the morale of hospitalized clients was improved by the visits of the volunteers. Many of the volunteers stated that their experience in the program enabled them to establish a more comprehensive visiting service for all their hospital patients. Numerous clients wrote letters expressing appreciation for the visits.

There were 688 visits to 557 clients during the first 27 months of the project. Most patients received only one visit because of their limited period of time in a hospital. After the project had been in operation one year, a questionnaire was sent to 100 clients, who were chosen at random, regarding the value of the program. Responses were received from 61 percent, and the majority were positive. Another questionnaire was sent to counselors whose clients had been visited. These counselors indicated that they felt the program served a useful purpose and was worthwhile. There is reason to believe that many physicians telephoned counselor offices and made referrals as a result of daily contact with project volunteers.

Toward the end of the second year, it was determined that the project could be operated by a smaller staff. During the ensuing six months, the project was operated by the technical director and one secretary. Another hospital, in Muskogee, was included in the program. A counselor in the Tulsa rehabilitation office coor-

dinated the operation there. The project concept has been expanded to other areas of the state.

The project was relatively inexpensive. The major cost was the salaries of the technical director, coordinator, and two half-time secretaries. Office space, office equipment, and supplies were not costly. Two consultants, a medical social worker and a rehabilitation administrator, were utilized. Travel reimbursement was provided the project director and paid staff. Taxi fare was set up in the project for a total of approximately 42 volunteer-visitors during the period of the project but was never used, since auxiliary workers were utilized as volunteers. The only funds expended were for Social Security, taxes, printing and communications, and office rental. The total cost of the project was less than $45,000., including both state and federal funds. The paid staff was covered by the agency group insurance policy. There was no insurance involvement with the volunteer workers. The agency was not under the State Merit System during the project period.

Numerous problems, of course, were encountered in implementing the project. The project, to the best of our knowledge, was the first of its kind in a vocational rehabilitation agency, and no guidelines were available. The first obligation of auxiliary workers must, of necessity, be to their hospitals and auxiliary directors. This fact had to be borne constantly in mind. The paid staff did not have direct authority to supervise and control the volunteer visitors. All supervision had to be done through the auxiliary directors. Commmunication problems developed, as a result, together with some administrative problems, but these difficulties were reduced or eliminated by the written procedures which the project developed.

Absenteeism, as a result of personal responsibilities, was frequently a problem. The performance of previously established hospital duties held priority. Early in the project, this meant that a limited number of rehabilitation clients were not visited. This problem was overcome by arranging for "Request for Visit" forms to be submitted at least two or three days before admission. The auxiliary directors arranged to have more than one visitor on duty whenever possible. Several of the directors rearranged schedules to insure that a visitor would be available during late afternoon periods to contact newly admitted clients.

In the beginning, several members of auxiliary organizations

were undecided as to whether they should accept this additional responsibility. This caused some delay in initiating the project in certain hospitals, until this matter was resolved. Another delay developed when the positions of hospital administrator and auxiliary director changed in two of the hospitals. In both cases, however, the project was endorsed with enthusiasm. Many conferences with the volunteers were required to sustain their interest and improve their performance. It was necessary to encourage them, bolster their self-confidence, and sustain their belief that their efforts were of much value. A few visitors were uncomfortable in their roles and requested relief from their assignments.

Training the volunteers to write adequate visit reports required much effort. The first reports prepared by numerous visitors were exceedingly brief. Support and experience, in most instances, enabled the visitors to better evaluate the information provided by the clients, and more complete reports resulted.

It was almost impossible, due to busy schedules of physicians, to make appointments to discuss with them the objectives of the project and the value of referrals. This problem was solved, to some extent, by meeting with the physicians casually in the corridors during their hospital rounds. These casual contacts with the physicians were helpful in reminding them to refer patients who appeared to be eligible for and able to benefit by rehabilitation services and in maintaining their interest in cooperating with the volunteers.

Another problem was to maintain the cooperation of the rehabilitation counselors. It was essential to reinforce their understanding of the objectives of the project, to insure that they submitted "Request for Visit" forms and that they included social information in order to enable the visitors to establish a "meeting ground" with the hospitalized clients. It was difficult for some counselors, in the beginning, to appreciate the morale aspects of the visits. Certain counselors seemed to expect too much from the visits and felt, therefore, that they received too little from them. In-service training sessions with the paid staff, however, appeared to clarify these early misunderstandings.

During the summer months many of the volunteers scheduled vacations or were forced to remain at home to care for their children who were out of school. This summer shortage of volunteers led to the utilization of high school girls during the months

when schools were not in session. Following careful selection, orientation, and approval by the hospital personnel, these young volunteers did an outstanding job. There is every indication that the majority of clients enjoyed and appreciated their visits very much.

It must be concluded that this project achieved a large measure of success. The volunteers were instrumental in increasing referrals and in decreasing the time lag between onset of disability and referral. Physicians and paramedical personnel learned more about rehabilitation services. They have accepted the counselors as members of their teams. The visits have enhanced the morale of hospitalized clients and, thereby, assisted them in making the most of the abilities they still have despite handicapping disability. The counselors were enabled to maintain contact with hospitalized clients.

The program has become an integral part of the agency's operational concept. The public image of the agency has been improved and increased community participation has been gained. Large numbers of disabled people have realized that the agency is interested in them as persons. Many volunteers appear to have achieved a feeling of accomplishment from their roles in assisting handicapped people reach their greatest potential. The registered nurse and the social worker, who served as paid project staff, both did very effective jobs. Requests for information regarding the project have been received from as far away as Great Britain.

A state vocational rehabilitation agency interested in establishing a volunteer program should determine, through careful investigation, its best potential sources of workers. Formal and informal continuing orientation of the volunteers is essential. Regular agency staff must be thoroughly oriented concerning the objectives of the program and well grounded in the procedures required to make it workable. Due to frequent changes in volunteer personnel, a concise, clearly written handbook delineating objectives and procedures is of much value. The use of informational and educational material should not be overlooked.

Young people may perform a useful role in many volunteer programs. A capable director or coordinator of volunteers is of inestimable worth. Some means of public recognition of the services of the volunteers should be provided by the rehabilitation agency to commemorate their gratuitous contributions to others.

MICHIGAN'S COOPERATIVE VOLUNTEER PROGRAM

Elizabeth Albee Frier

Volunteering is not a new phenomenon in the field of social work, but it is relatively new in the area of public social agencies. What is even newer, at least in our part of the country, is the cooperative effort between several public agencies in the use of volunteers.

One of the most exciting events that is happening right now in Michigan is the creative partnership - a real team approach - of the Ottawa County (Michigan) Department of Social Services (DSS) and the Vocational Rehabilitation Services (VRS), (formerly the Division of Vocational Rehabilitation) in an all-out effort to rehabilitate a selected (by chance) group of Aid to Dependent Children clients. The aim is to strengthen family ties for these welfare clients, improve their relationship with their communities by encouragement to take part in neighborhood and civic affairs, and to help them become as financially independent as possible.

While the VRS in Michigan and the DSS have always worked together amicably and cooperatively, this particular concentration of effort, energy, and resources (undergirded by a signed agreement) is not usual and is a rather new and radical experiment. I am not going to read the formal agreement, but I shall be discussing relevant parts of it as we go along. The project is just celebrating its first birthday, so it is an excellent time to recapitulate and evaluate the usefulness, strength, problems, and contributions of both agencies.

Lately, as you well know, there has been much public outcry and questioning about the ever increasing welfare rolls. Questions are being raised in legislative halls, in newspapers, and on radio and T.V. as to the value of our assistance programs and their im-

plications for future planning. There is an uneasy undercurrent of restlessness on the part of the average taxpayer. Appropriation committees, reacting (or perhaps even over-reacting) to this atmosphere, are attempting to cut welfare benefits, reversing the long-time trend of higher assistance levels for the poor. To have this taking place simultaneously with the present unemployment situation is causing a dichotomy of response and attitudes at many levels.

The experiment in Ottawa County is an attempt to show that an all-out combination of resources of the two agencies, plus a marshalling of all volunteer community resources, can bring about startling changes in family situations and concomitant changes in long-run expenditures. Adequate grants and supplementary and complementary services are achieving the goal of those planners who wish to "close relief cases" as well as assisting clients to become viable members of their community and strengthening their family ties. These three goals apply not only to this particular experiment, as I mentioned earlier, but are also the goals of our DSS complementary services division.

This particular program can attribute its conception to changing state and federal priorities, with their current emphasis on providing increased and expanding rehabilitation services to the financially and culturally disadvantaged. Dr. Ralf A. Peckham, Director of the Michigan VRS, recognized this need a few years ago and recommended two new categories of disability: (1) sociogenic neurosis and (2) sociogenic retardation. Thus the tradition of a 50-year program of service to physically or mentally handicapped individuals in Michigan was enriched by the inclusion of those whose problem was caused perhaps, intensified surely, by the facts of poverty and minority group membership, making such conditions officially as severe a vocational handicap as actual physical or mental disability.

This program developed on a trial and error basis. As the VRS began intensifying its work with those living in the ghettos, it became increasingly apparent that VRS counselors had to work more and more closely with the DSS, as many clients were eligible for services from both agencies. VRS provided services related to employment, while the DSS worker was responsible for other services and for income maintenance until the client secured a job and became self-supporting. At first, there was little emphasis on

evolving a cooperative pattern between the two agencies. Mutual clients just happened rather than being planned for. The two exceptions that I know about were Muskegon County, where a cooperative agreement was reached, and Ottawa County, mentioned before. With top priority being given to welfare recipients, the number served in Michigan incidentally has doubled within the past two years without increase in staff or funding for VRS.

Without VRS expansion and with DSS also operating on an austerity budget, it was quickly apparent to Larry Hilldore, Director of the Ottawa County DSS, that if he wished his program to reach its ultimate potential, the use of volunteers to augment regular staff was an absolute necessity. He visualized the ideal caseload for an Aid to Dependent Children worker as 20 families in order to achieve this goal. Volunteers were needed throughout the office in order to relieve both social workers and clerical workers of some of their routine duties. Volunteers could free the social workers, making it possible for two workers to experiment with caseloads of 20 each. A dozen ADC mothers became volunteer aides. Their out-of-pocket expenses, such as transportation, lunch money, and child care costs were paid.

The two combined caseloads, adding up to 40 families, gave the project its name. Project 40 is a program aimed at rehabilitating 40 welfare families and giving them a chance to reach the fullest extent of their abilities. In cooperation with VRS, they are tested to find their aptitudes and interests and then given the support (not just financial) to develop their potential. It involves not just the adults but the children also.

All of the 750 ADC families on the county caseload were sent written invitations to participate and 129 accepted and asked to be included. A drawing was held a year ago, and the first 40 names drawn were selected. The remaining 89 names were drawn and put on a waiting list in order. They are being added to the program as families move out of the county or achieve their goals. During the first six months 11 families were added and as the project celebrated its first birthday, the 60th family has been reached. Nine families dropped out of the program, five moved out of the county, three women remarried, and one father with a serious illness recovered, was able to go back to work, and declared that his family needed no further assistance of any kind.

During the past year the long range goals are beginning to look

achievable. Ten people are enrolled in full-time educational or training programs. Eight others are attending evening adult education classes, and one is attending a home craft program sponsored by VRS. Eleven persons not employed when the project began are now working full time. Seven who were working part time have continued on the job.

The Ottawa County DSS continues to provide advice and counsel to those who have started working. This is important because, though a person may be employed full-time, earnings may not be sufficient to meet the basic needs of a large family. Also this early employment period may be the most critical as far as the need for guidance goes, for it can happen that after a long period of unemployment the sudden possession of money (even though limited) can tempt the new employee into over-spending and result in garnishment and loss of employment.

Project 40 also emphasizes the need for special attention to the children, and there may be continuing need for service even though a parent may be employed. Ordinarily such cases are closed when the first pay check is received, but experience has shown that exceptions to this guideline are desirable. For example, ten boys in the program have been assigned volunteers in the big brother role and five young girls have volunteer big sisters. A few families have established a family-to-family relationship. All such volunteer efforts have required the continuing supervision of the social workers.

In addition to those clients who have found employment or started study programs, a great deal more has happened to many on Project 40 to change their hopes for the future. The project got under way on the premise that most families receiving public assistance, particularly Aid to Dependent Children, could with enough help become either partially or fully self-supporting. They could be assisted to become better mothers and contributing members of society. Most of these families stated that they did wish to become self-supporting. The department has found that the best way to accomplish this is by using the services of interested, caring volunteers. An added dividend is that those being helped are learning the rewards of helping others and are in turn becoming volunteers so as to help others. One of the Project 40 mothers has become involved in the reading program and several are helping with the children's program.[2] In addition, there are 12 volunteer

aides, described previously, working in the office.

To understand more fully the implications and ramifications of this program, it seems wise to share with you some background information about the county. Its population is just less than 100,000 with slightly more than one-third concentrated in the two cities of Holland and Grand Haven at opposite ends of the county. The balance of about 60,000 is largely rural with a few small villages. As you can suspect from the name of the larger city, the area was originally settled by the Dutch, and it is only recently that blacks and Mexican-Americans have arrived to color the WASPish nature of its people.

In the words of Larry Hilldore, County DSS Director, "The predominantly Holland stock has deep roots in Calvinistic religion, which requires not only circumspect behavior but also effort to help others less fortunate than those receiving benefits of the parish group. Over 200 churches are scattered throughout the rural section as well as within the organized population centers. These are centers for volunteer service. In fact, the Ottawa county DSS finds a wealth of resources available for the provision of volunteer services to clients and the community. Two colleges provide active, eager young people anxious to participate. Hope College and its affiliate, Western Theological Seminary, provide willing service by wholesome, conscientious students for the ministry and their wives. A volunteer program finds willing acceptance by both Hope and Western Theological administrations. Grand Valley State College, located in a rural area close to the center of the county, has a student body consisting of day student commuters and a boarding group from distant parts of the state who have shown interest in activities other than the type of pastime for students bringing front-page but socially unfavorable publicity."[3]

This close-knit community, mostly rural with a few small industries, rallied to the Department's call for volunteers. Not only did individuals respond, but also groups, churches, clubs, corporations, businesses, and industry. With a Protestant ethic of work background, these people were interested in being able to assist others to become contributing members of the community. They answered with an outpouring of caring interest, giving freely of time, talent, money, and materials. Many miscellaneous items — such as tuition, transportation, books, roof repairs, unusual medical and dental needs that cannot be covered under

Medicaid — are being provided by the community. Cars and car repairs, clothing, yard goods for sewing groups, and toys for children's corners at the two DSS offices have been forthcoming. The list is endless. The cooperation from all walks of life is astounding to anybody not familiar with the contagious patterns of volunteer programs.

This close-knit Michigan community, mostly rural with a few small industries, rallied to our call for volunteers. Not only did individuals respond, but also groups, churches, clubs, corporations, businesses, and industry. They answered with an outpouring of caring interest, giving freely of time, talent, money, and materials. . .The list of their contributions is endless. The cooperation from all walks of life is astounding to anybody not familiar with the contagious patterns of volunteer programs.

A study of each of the approximately 60 families involved in Project 40 provides fascinating reading. All are success stories in large or small measure, but I will share with you today only some of those 20 participants where the vocational rehabilitation office offered continuing interest and support, financial and otherwise. All adults and children over 16, as I remarked earlier, were given

the full general aptitude test battery. Physical examinations and psychiatric tests were also offered. No effort was spared to discover not only the potential of each individual but also his own goals and aspirations. In-depth interviews by both VRS and DSS staff were conducted and both agencies continued to see the clients on a regular basis. Volunteers were interviewed, screened (*in*, not out) matched, assigned, and introduced — and the program was off to a good start. John Fridsma of VRS and Alyda Van Asselt of the DSS share responsibility for the program. Two student volunteers worked full time during their summer vacation — Mary Tripp and Pat Peterson. Pat has since become the second caseworker involved.

One of the first to be transferred to Project 40 was Mrs. A., a 31-year-old ADC mother who had been receiving public assistance for about 5 years, about twice the average time. Her four children were 12, 9, 8 and 4 years old. She was a high school graduate with some typing skill and limited shorthand. The worker reported she had a lower middle class upbringing. Her father was a truck driver and a heavy drinker. Her mother was the disciplinarian and believed in corporal punishment. Mrs. A. stated that her own goal was a clerical position and her immediate problems were a leaky roof and a broken washer.

Six months after the beginning of the program, Mrs. A expressed herself as being "so glad I signed up — so worthwhile." The tests showed her goal was a realistic one — her intelligence was normal. She had been given the catalog of Davenport Business College and had decided to take a one-year course. In the meantime she had registered for a brush-up typing course at Holland High and also hoped to take a course in Business English, entering Davenport later in the year.

She became a volunteer aide in the office and also became a part of the discussion group, led by volunteers. Her personal appearance improved, she gradually became more comfortable in the discussion group, and in October she was hired by the city as a clerk typist at a beginning salary of $403 monthly. VRS gave her a $100 clothing allowance for a work wardrobe, plus a 10 per cent discount at Sears. She sold her home, so someone else will have to cope with the leaky roof, and her earnings have enabled her to repair her own washing machine. She is most enthusiastic about her job and feels that Project 40 made it possible for her to lead a

new life.

A second situation is that of Mr. and Mrs. X. and their five children. Mr. X. had recently returned from Kalamazoo State Hospital after a 6-month stay, and his physician suggested he find a new job and not attempt to return to his previous employment, where the pressures were such that he might again become mentally disturbed. He took the G.A.T.B. test and scored very high in mathematics. Both Mr. and Mrs. X. are exceedingly proud of their son Mike, whose goal is to become a minister. He placed second in a statewide speech contest and was mayor of his high school. He works weekends at the animal shelter but would like full time employment. He was hired for the summer at the County Department of Social Services. In the fall he entered college and has a part time job at a newspaper office. His volunteer worker is arranging for assistance from churches to help finance his college education.

It was determined that Mr. X. had skills in machinist work and carpentry and Mrs. X. has kept up her typing. Mrs. X. became ill and had to be hospitalized before she could take on a volunteer clerical position that had been arranged for her. Mr. X. was referred to a job as custodian at a school. An unsolicited letter from the school reported that they were much pleased with his work, and the mental health clinic reported he no longer needs counseling. Mrs. X. has recovered her health and attends the group "chat" sessions where she has related how well things are going for her family. They live in a house which they themselves built, and the cabinet work Mr. X. did in it is most attractive. The County Department of Social Services maintains contact through the "chat" group and VRS receives monthly reports from the employer and also verbal reports from Mr. X. himself. The future looks good. The second son graduates from high school this spring and the project expects to find summer work for him.

Mrs. C. has an anxiety neurosis, according to a Kalamazoo State Hospital diagnosis. She appeared at her intake interview following a doctor's appointment where stitches had been removed from her wrist following a suicide attempt. Her appearance was described as attractive, but her attitude was belligerent, hostile, depressed, and unstable. She is receiving counseling from the mental health staff. At the present time she is working as a press operator but she wants to learn commercial art or interior decorating, where she feels her talents and interest lie. She

qualifies for rehabilitation on the basis of psychiatric problems and it was felt she would benefit from counseling, training in commercial art, on-the-job training, placement, and followup.

The DSS worker describes her as a 25-year-old divorcee with a 6-year-old child. A volunteer who is a professional artist was assigned to work with Mrs. C. and has been teaching her art techniques. Another volunteer has been tutoring her daughter two nights a week. The daughter was also referred for swimming lessons, and she was informed about the story hour at the library and the movie there, both of which she decided to attend. In addition, she is participating in an enrichment program with another small girl under the aegis of a volunteer who is the retired superintendent of the Ottawa intermediate school district.

Mrs. C. changed jobs and is now a dishwasher at a restaurant. She felt this was beneath her, but the hours were better to be with her daughter. After three months she left this job and took a night job at a factory, earning $225 gross every two weeks. The daughter is doing much better in school and is also more relaxed and less excitable. The full mobilization of volunteers seems to be paying off. Both the coordinator and the DSS worker are attempting to arrange on-the-job training for a commercial art position in a 24-week course. She will then be employed full time as a key liner (or paste-up man) at $2 an hour at a local publishing company.

Mrs. E. is a 33-year-old ADC mother of three. She is employed as a nurse's aide at a local nursing home. The wages are not sufficient to support her family. She is a high school graduate. Her goal is to become a licensed practical nurse. Her problems are her weight (293 pounds at 5'7" height) and poor teeth. She has already had one year of registered nurse training. The VRS coordinator found her well motivated towards becoming a nurse but without motivation to lose weight, and the practical nursing school at Muskegon Community College recommended that she lose 100 pounds before she could be admitted.

The children lacked recreation activities. A volunteer who runs a reducing salon was assigned to Mrs. E. and dental costs of $655 were arranged for. The family was given a Y.W.C.A. family membership. Arrangements were made for counseling about the weight problem with weekly weigh-ins at the Health Department. A friendly visitor was also assigned to the family and Mrs. E. felt this was one of the most helpful things done for she "needed someone

to talk to." She likes to read and wanted someone who could discuss books rather than housework.

Additional volunteers have been used through the year to sit with the children while Mrs. E. attended group meetings. Volunteers have taken the children to see plays. Mrs. E. herself has volunteered her services at the county farm. Mrs. E. was notified in February of her failure to pass the physical examination and so far she has lost but 6 pounds. She does know that people like her and care about her and want to help, which may stimulate her into further reducing. Time will tell.

The last case study to share with you is the story of Miss H., an attractive 20-year-old unwed mother of a 2-year-old son. She herself is the daughter of well-to-do parents. She rebelled against the upper class society in which she was involved. She dropped out of school, ran away to California, becoming pregnant there. She decided she did not love the baby's father and was unwilling to marry him. She returned to Michigan, had her baby, and applied for ADC.

She is presently employed as a nurses' aide trainee. She has been in two car accidents and received whip lash injuries, and she also has a kidney ailment.

Her vocational goal is to become a licensed practical nurse. Her G.A.T.B. scores indicate she is in the top 10 per cent of the general population as far as intelligence is concerned. She passed her G.E.D. test easily. The vocational rehabilitation coordinator feels that with her ability and potential she should be encouraged to take a 4-year college program.

She enrolled in the local community college and to date her grades have all been A's and B's. She is taking a 5-hour credit course in chemistry — a necessity for a nursing program and something she did not take in high school.

She could be eligible for Social Security benefits through her deceased father if she became a full-time student. This could take care of her educational costs except that under present rules and regulations the $130 Social Security payment would be deducted from her ADC grant, which would mean she could not pay her tuition. She would have to drop out of school, and this would disqualify her for Social Security. So far there is no solution to this vicious circle, unless a donor can be found to pay her tuition.

These case digests should not be thought of as merely a

recitation of cold facts. Instead, all illustrate the feasibility of the project goals. They show clearly that when a whole community unites to prove that it cares, beautiful things begin to happen. Obviously we cannot know yet what the final chapters will be, but we can see that a year of concentrated effort has effected substantial changes for the better. The DSS now knows for sure what it merely suspected before — that small caseloads, extensive use of a wide variety of volunteers with a direct personal involvement and interest, close cooperation with VRS, and the enlistment of extra money where needed combine to bring about a healthier, happier, more self-sufficient clientele.

To point out benefits in decreased welfare payments seems almost anticlimactic, yet it must be mentioned. The program has actually not been expensive in terms of dollars expended, and DSS was able to provide really comprehensive services toward assisting the clients toward economic independence and family stability. There were many needs discovered and a wide variety of client goals. One year is obviously not sufficient for all. Some objectives, yes, were achieved within the year, some even in a few weeks, but others will be a matter of years. For example, one youngster of 9 years with an IQ of 140 who has ambitions to be a brain surgeon may conceivably participate in a 13- or 14-year plan in Project 40. Moreover, the department now knows that its assumption that the community has the resources and is sufficiently concerned to accomplish its goals is as realistic as the goals of the individuals who participated.

1 — Kniskern, H.P. *Rehabilitating the Welfare Recipient in Michigan: The Expansion Grant and Research.* M.S.U. August 1971 pg. 7.

2 — Bloemers, Barbara, "Project 40 is Year Old" Grand Haven Tribune, April 18, 1972.

3 — Hilldore, Larry. *Ottawa County DSS Volunteer ServicesProject.* April 24, 1969.

VOLUNTEERS IN PUBLIC SOCIAL SERVICES

Barbara P. Pomeroy

The utilization of volunteers in the delivery of public social services is not new and, in fact, has a healthy history, but it did receive increased attention and emphasis at the national level with the passage of the Harris Amendment in 1967. This amendment, which applies to Titles I, IV, V, X, XIV, XVI, and XIX of the Social Security Act, required the use of "nonpaid or partially paid volunteers in a social service volunteer program in providing services to applicants and recipients and in assisting any advisory committees established by the state agency." Community Services Administration is particularly concerned with Titles I, IV, X, XIV, and XVI, which relate to services to former, potential, and current recipients of public assistance.

The purpose and potential of this legislation is discussed in the guides for the implementation of the regulations. It states that volunteers provide a means for public welfare agencies to expand and improve the range and quality of their services and to make them more immediately responsive to changing needs in the community and to fulfill their goals of service to people.

The legislation is a response to the recognized need in this country for increasing mutual respect and understanding and for improving communication among all people in the community, who are too often isolated from one another. It provides a means for those who have never experienced poverty to increase their knowledge of people with low incomes — their living conditions, their problems, their strengths, and their aspirations. Equally, it provides opportunity for those with little income to participate in community service, to present effectively their needs and aspirations in policy-making groups and for all citizens to affect the environment in which they live.

Implementation of the legislation in a way that fulfills its intent calls for imaginative and innovative approaches to program planning, and development and service delivery, with an accompanying impact on organizational structures and staffing patterns. Its intent is to utilize in a voluntary capacity the ideas, the energies, and the competency of the whole community. This legislation presents both a challenge to agencies and a unique opportunity to further their service goals.

In order to implement the intent and purposes of the Harris Amendment, the state agencies are required to do five things.

(1) They are to provide for a position in which rests responsibility for the development, organization, and administration of the volunteer program and for coordination of the program with related functions.

(2) They are to provide methods of recruitment and selection which will assure participation of volunteers of all income levels in planning capacities and service provision.

(3) They must provide for a program for organized training and supervision of such volunteers.

(4) They are to provide for meeting the costs incident to volunteer service and assuring that no individual shall be deprived of the opportunity to serve because of the expenses involved in such service.

(5) They must provide for annual progressive expansion of the numbers of volunteers utilized, until the volunteer program is adequate for the achievement of the agency's service goals.

The Volunteer and Service Delivery

While the regulations and the law present the intent and the purposes of the volunteer program and outline the framework under which the programs must operate, the programs become alive when they are put into operation at the local level in the delivery of social services. What kinds of things are volunteers doing in the public social services programs? "The *Handbook for Volunteers,*" developed by the State of Georgia Department of Family and Children Services, states that, "the range of volunteer services is limited only by the imagination, time, and talents of the volunteers." This certainly seems to be the case when one sees the many ways in which volunteers are serving in the local communities. Let me give a few examples of the many activities in which volunteers

are engaged.

Volunteers are visiting homebound or institutionalized lonely, elderly, or handicapped persons to chat, read aloud, run errands, or just listen. Young people are "foster grandchildren" to residents of nursing homes. Volunteers are screening, recruiting, and training other volunteers to conduct foster home recruitment programs for children and elderly adults. They are finding adoptive homes for hard-to-place children. They provide transportation in all kinds of situations.

Volunteers are sharing their skills with recipients of service in budgeting, buying, housekeeping, cooking, raising children, and care of homes, including instruction in home repairs, plumbing, painting, carpentry, and gardening. In other programs volunteer families take children from low income families on at least one trip a month to such places as the beach, the zoo, or a museum. This enriches the lives of the children from both the low income and the volunteer family.

In many parts of the country, tutors are assisting children in catching up or in overcoming cultural and educational handicaps. They are assisting in basic literacy projects for adults. They are teaching and counseling potential school dropouts. As a result of all of these volunteer efforts, individuals are receiving service that they needed but probably would not have received without the assistance of caring volunteers.

Not all of the individuals who serve as volunteers are recipients of assistance or service. In a recent issue of "Voluntary Action News," published by the National Center for Voluntary Action, there was an article about a program in Yakima, Washington. This program has 106 client volunteers working in 43 programs. These volunteers account for 60 percent of all volunteers working in public assistance. One of the volunteers in this program — who was unable to work at paid employment as a result of three back fusions — viewed his volunteer service as a way of easing his own mental and physical pain. He said, "I've thought less about my pain since volunteering. It doesn't bug me as much as before."

There have also been instances in this and other programs in which clients found that they too had skills and talents that were of value and benefit to others. Through volunteering, their own self-confidence was enhanced. A by-product of the increased self-confidence was that the individual was enabled to enter training

and paid employment. As one client in Yakima said, "This program is the greatest thing that happened to me — it reclaims people."

As we have seen from these examples, both the people who give the service and those who receive it benefit. The direct service role of the client volunteer has been more widely documented than has his role as a member of advisory committees.

As noted earlier, the Harris amendments required the participation on advisory committees by volunteers. The regulations developed by the Social and Rehabilitation Service further required that one-third of the members of these committees be clients. It has been pointed out that when problems arise, one logically turns to experts for solutions. What has sometimes been overlooked is that the clients of the social service agency are experts in understanding the effects of agency policy and program. They live with these policies and procedures 24 hours a day. The client volunteers who serve on these committees know how other clients feel and how they react to agency programs. If the public social service programs which are aimed at serving people are to be truly responsive to need, then the client volunteers must be involved in program planning and development.

We have just been discussing the client as a volunteer on advisory committees. It should also be noted that all members of the community who serve on advisory committees do so as volunteers. In this way, governmental programs can benefit from the advice and counsel of citizens in the development of policy and programs. Experience has shown us that individual volunteers who have sought solutions with and for individual clients have tended to become advocates of these clients. In the same manner, advisory bodies tend to become advocates for the agency by increasing communication between the agency and the citizenry and by interpreting agency activity and problems to the community.

As noted, the intent of the Harris Amendments was to increase mutual respect and understanding among all groups of people. Volunteering, which brings together people from different backgrounds and experience, has done much toward breaking down the alienation and hostility which is found in our country today. Visitation between low income and non-poor families is one such volunteer program. It should be remembered that here, both

the low income and the non-poor families are volunteers.

A brochure, "The Inside Story," published by the Michigan Welfare League, quotes participants in such a visitation program. A housewife said, "I learned some of the difficulties faced by mothers in public assistance families. I doubt that I could manage on the inadequate budgets that are provided to them." An industrial executive stated, "I was amazed by the efforts being made by most families to improve their conditions. More people need to know and do something about the barriers they face in accomplishing this." And a radio station executive commented, "My reaction based on my visit is to try to arouse our state officials, community leaders, and the general public to the real needs in public welfare. Visits like mine would help to educate people as to what is really going on."

After reviewing all these examples of volunteer activities, can there be any disagreement with the statement that the range of volunteer services is limited only by the imagination, time, and talents of the volunteers?

What is the future of the volunteer in the delivery of social services? A regulation published in the Federal Register on June 2, 1972, requires the separation of income maintenance from social services. As a result of separation, we can anticipate that development of social service programs will receive increased attention. During the past 10 months, Community Services Administration has been engaged in the development of a goal-orientated social service delivery system. Briefly stated, under this system each individual, by the application of service to remove barriers, would be assisted in achieving his maximum level of self-sufficiency. By being outcome-oriented rather than input-oriented and by identification of barriers to be removed, attention will be focused on unmet but needed services.

Traditionally, the volunteer recognizes and moves to meet need long before the established systems are modified to accommodate and alleviate the problem. It would be natural to assume that this same procedure would occur as the public social service system develops. It is evident that volunteer service programs, staffed by caring and concerned volunteers, are uniquely capable of bridging this gap because of their flexibility and responsiveness to local need and initiative and that volunteer programs will continue and indeed will expand in the future.

VOLUNTEERS IN VOCATIONAL REHABILITATION PROGRAMS

Edward Newman

Dating back a long time before an Egyptian princess adopted Moses after finding him in the bulrushes, extending to the Good Samaritan, then to Florence Nightingale and on to kamikaze fighters, volunteers of every stripe have always been with us.

Within its short span of 50 years, the vocational rehabilitation system has utilized volunteers mainly in two specific areas. They have served either as unpaid member of citizen and advisory groups or as staff helpers augmenting basic vocational rehabilitation services.

The latter type of volunteers had been concentrated in working for the blind until recent years. It is only as vocational rehabilitation has moved into serving the mentally ill and the retarded that we see the burgeoning use of volunteers in other areas.

Although the vocational rehabilitation agencies recognized that volunteers were important, the early years were spent attempting to structure a program that could best serve the greatest number of recipients. It is only within the last decade or so that there is any realization that the needs of the disabled people cannot be met without the vital assist of volunteers.

Mary Richmond, the founder of social casework, called the art of volunteering "this great social asset." America is rich in this particular asset. It has been estimated by the Center for Voluntary Action that over 60 million volunteers presently are contributing their good work in many different situations.

Within vocational rehabilitation, there are many reasons for dawning recognition of "the great social asset" of volunteering.

The most important, of course, is money. Since we have estimated that somewhere in the neighborhood of 85 cents out of every rehabilitation dollar is spent on salaries, the financial benefits of using volunteers is obvious.

However, there are more considerations than simply financial ones. The very nature of the humanitarian attitude of the volun-

teer, coupled with the rehabilitation approach of serving the whole individual, predicts a successful unity. While the area requires fuller exploration, we suspect that volunteers can successfully provide a wider array of services than has been anticipated. Moreover, removing the financial aspect of a human services situation may subtly enhance its prospects for a measure of success.

There have been some research projects in the past to discover more about volunteers and their role in rehabilitation. The National Institute of Mental Health has been involved in a research project that trained housewives in the techniques of psychotherapy. A Harvard-Radcliffe R and D project studied the operation of a halfway house for chronic mental patients. The purpose of the project was to determine the therapeutic effect of resident student volunteers on the social and vocational rehabilitation of chronic mental patients.

A VRA-supported project in New York provided volunteers for specialized rehabilitation services aimed at benefiting mentally retarded young adults. The volunteers performed many services that were not difficult but were time-consuming, and yet were thought to be of great value to the retarded young adults. Volunteer assignments included instructing retardates in using public transportation and public telephones, mastering simple arithmetic in order to handle money, and in learning to tell time.

Yet these projects have been of limited scope, and the subject of vocational rehabilitation volunteers had not been viewed with any sharp focus.

There has been a recent and comprehensive project on volunteers carried out through the Goodwill Auxiliary which has provided material about volunteer activities within U.S. rehabilitation facilities. This is the most comprehensive and original study yet attempted in the area of volunteers, and it presupposes an even greater future involvement in the subject.

Projections from the study indicate that about 300 000 volunteers participated within rehabilitation facilities in 1969. There were a variety of volunteer activities, although the most frequently cited was client-employee recreation. A slightly smaller proportion of the volunteers performed in-plant service activities such as assisting staff members in duties related to counseling, testing, and informal education. The study indicated that the least frequently

reported activity was social action, which was defined as influencing community policies and legislation.

The Goodwill study further showed that the characteristics of volunteers were very similar. Most were women, well-educated, with only one out of 100 handicapped or disabled and a similar ratio among social and/or culturally disadvantaged volunteers.

Finding: The level and comprehensiveness of rehabilitation services in a facility seem to bear a relationship to the level of the facility's volunteer programs. That is, facilities with widespread services had equally well developed volunteer programs.

This report on the state of the art of volunteering in rehabilitation facilities is the first part of a three-phase project. In anticipation of this second phase, RSA has awarded a one-year training grant to Goodwill's National Auxiliary to permit the preparation of manuals and special training materials that will eventually improve and possibly expand volunteer participation in rehabilitation.

Although we are utilizing the elderly as volunteers, we could do much more with properly trained senior citizens. With the small percentage of physically and socially handicapped volunteers that we use today, we are ignoring a vast universe. We must gain the widespread community and social involvement in rehabilitation that is our goal.

When and if HR 1 is enacted, offering services to many more handicapped poor people, placing of volunteers within the PA.VR system could provide a two-way social conduit. The volunteer comes to appreciate that cultural handicaps can be as crippling as physical ones, and the client learns there is really an involved and concerned world out there.

One problem concern is poor staff attitudes toward volunteers. That has been discussed in detail by other speakers here.

But, in spite of a few caveats, volunteers have much to offer. The bridges they create between the so-called normal world and the world of the handicapped will facilitate the breaking down of undesirable barriers in our society.

We have a great challenge before us: To use volunteers and accept them as important members of the rehabilitation team. It is not a challenge that can be met quickly or easily. But in view of the stakes and of the probable rewards, it is certainly worth every effort.

THE ECONOMICS OF VOLUNTARISM

Ronald W. Conley

Economists frequently and adamantly state that "there ain't no free lunch." This is another way of saying that all services provided to disabled persons must be paid for, that something of value must be given up in order to provide these services. Either people must give up other goods and services that could have been produced by the resources used to provide these services (treatment personnel and facilities) or some people must give up some of their leisure time.

Voluntarism must never be viewed as a costless way of providing services to the disabled. From an economist's viewpoint, the questions at issue in the provision of services to the disabled are: (1) how much in the way of services should be provided, (2) what kinds of services should be provided, and (3) how should these services be funded. It is within this context that the economics of voluntarism must be placed.

Services to the disabled may be paid for in three ways: (1) fees for services; (2) general government revenues, almost all of which are obtained through taxes (a small part is derived through borrowing or money creation); or (3) voluntary efforts.

Voluntary efforts take two forms: donations of time and donations of assets (money, securities, buildings, land, etc.). Donations of time are usually referred to as voluntarism and will be the major focus of this paper. Donations of assets are usually termed philanthropy.

Most empirical studies define a volunteer as a person who works without pay for the benefit of others.[1]

Frequently, however, volunteers are reimbursed for expenses incurred in the performance of their duties. The expenses most

frequently reimbursed appear to be those involved in attending conferences, transportation, parking, meals, and liability insurance.[2]

A new concept of voluntarism, the paid volunteer, was initiated with the establishment of the Peace Corps in 1961 and Volunteers in Service to America (VISTA) in 1964. A paid volunteer is given a minimal living allowance.[3]

Paid volunteers differ from the usual volunteer worker in that their services are usually available on a full-time basis and they usually agree to provide services for a fixed period of time. Without a subsistence allowance, such full-time extended volunteer activity is feasible only for the independently wealthy or for those willing to remain dependent on relatives or friends.

Economists are likely to carry the concept of the paid volunteer to its logical conclusion and regard anyone who is employed on a job that provides services to people and who is receiving less than he could in another job (his "opportunity" cost in an economist's jargon) as a paid volunteer, or at least as a partial volunteer. This assumes that his services are at least as valuable in his present job as they would be in the alternative, higher paying job and therefore that he is, in fact, being paid less than the market value of his services. This proviso is necessary because it is quite possible that the person is being paid less than his opportunity cost because his services are worth less on his present job than on the alternative, higher paying job. In this case, the person is volunteering nothing of value and should not be considered a paid volunteer.[4]

The logic of this position is unassailable. However, it is unlikely that this expanded definition of voluntarism can be made empirically operational in the near future. I would guess that three-quarters of all workers in the human resources field would describe themselves as underpaid and therefore paid volunteers, under the expanded definition of what constitutes a volunteer.

This paper, therefore, will use a more circumscribed definition of a volunteer. A volunteer is a person working without pay for the benefit of others, or who is receiving only a subsistence allowance, and who may be reimbursed for expenses incurred in the performance of his tasks.

We previously distinguished between the types and amounts of services provided to the disabled and who should pay for these services. Voluntary contributions of time and assets are usually regar-

ded as a means of paying for services. It should be observed, however, that because Americans are under no constraints as to the purpose for which they volunteer their time or resources, or when they volunteer, or if they volunteer, the availability of voluntary resources may influence the type and quantity of services provided, i.e., the provision of a service may depend upon the availability of a volunteer. Thus, voluntarism is relevant to each of the above questions.

Scope of Voluntarism

In 1970, private philanthropy in the United States was estimated to be $18.3 billion. A little less than half of this amount was given to religious institutions. About $3 billion was donated for educational purposes, $3 billion to the health area, and $1 1/4 billion to the human resources (welfare) field.[5] A large part of the funds allocated to the health and human resources areas would be used to provide services to disabled persons although the amount specifically donated for this purpose cannot be ascertained.

Information on the extent and nature of voluntary donations of time in the United States is fragmentary. There have been three efforts to estimate the magnitude of voluntary efforts.

In a survey of 2,214 heads of families conducted by the Survey Research Center of the University of Michigan during January and February of 1965 (hereafter, the Michigan study), it was found that in 57% of the surveyed families, either the head of the house or his wife donated free labor to relatives, churches, or charities during the previous year. On the average, American families spent 87 hours of their time on volunteer efforts during the previous year, about 150 hours per year in families actually volunteering their time.[6]

In 1965, the U.S. Department of Labor (hereafter, the DOL survey) interviewed nearly 9,800 persons aged 14 and over for a pilot study on the extent of voluntarism. An estimated 16.1% of the adult population, almost 22 million people, contributed their labor to ". . .some health, education, or welfare services for the general good. . ." during 1965. During the survey week, there were an estimated 6.7 million volunteers.[7]

It was also estimated that 2.7 million people donated time to religious activities, of whom 1.7 million did only religious volunteer work. Because this information was unsolicited, it is probable

that this estimate substantially understates donations of time to religious activities.

A study of the practicability of putting a dollar tag on volunteer services has been undertaken by the National Bureau of Economic Research (hereafter, the NBER study). Although the manuscript has not yet been published, some of the major findings were recently summarized by Wolozin.[8]

The NBER study estimated the number of hours worked per volunteer worker but not the total numbers of volunteers in the economy. On the basis of data supplied by seven public and private organizations which utilized approximately 5 1/2 million volunteers, Wolozin reported that volunteers donated an average of 239 hours in 1964.

The following firm conclusions can be drawn from these studies:

1. The majority of American families have at least one person who does volunteer work. The Michigan study rate of 57% would be several percentage points higher had it counted voluntarism among persons other than family heads or their spouses.

2. The volunteer rate for families in the Michigan study is strikingly higher than the rate for individuals over 14 reported by the DOL study. When the Michigan study data are adjusted to reflect the rate per person surveyed, rather than per family, the result (46%) is still almost three times higher than the DOL rate.

Part of the reason for this broad difference is that the Michigan study utilized a far more liberal definition of voluntary activity. The Michigan study included all donations of time for religious purposes as well as donations of time to relatives and other individuals. The DOL study excluded these forms of voluntary activity. A rough calculation on data presented in the Michigan study indicates that 28% of the women volunteers and 34% of the male volunteers did volunteer work for relatives or other individuals. If we assume that none of these persons did other volunteer work, then we can estimate that about 32% of the population surveyed in the Michigan study did voluntary work for organizations. The actual percentage, of course, is somewhat higher since some persons volunteered services to both individuals and organizations.

No adjustment for differences in the scope of religious coverage is possible. The Michigan study did not distinguish between contributions of time to religious causes and to other purposes, and the

DOL study, as noted, did not ask questions concerning religious activities. It can be presumed that unsolicited responses in this area understate actual donations of time to religious causes.

Another factor contributing to the differences in the rates of voluntarism between the two studies is that the DOL study included a much larger proportion of young persons in its sample, including teenagers in school. Voluntarism among youth is considerably lower than among adults over 25.[9]

Although the differences between these two studies cannot be completely resolved, it is probable that if detailed data on type of volunteer activity performed by different age, sex, race, and marital status groups had been available, most of this difference could have been explained on the basis of methodological considerations and variations in the demographic composition of the sample population.

3. Most volunteers devote a relatively small amount of their time to their voluntary activities. Almost half of the volunteers in the DOL study reported that they spent less than 25 hours a year in voluntary work and another third reported that they donated between 25 and 99 hours per year. About half of the volunteers in the Michigan study donated less than 40 hours of their time per year. A normal full-time work year is 2,000 hours.

It is worth noting, however, that the DOL survey estimated that volunteers ". . .constituted the equivalent of a full-time regular work force of over 900,000 persons during the week of November 7-13, 1965."[10] This was based on an average of 5.6 hours worked per week by volunteers during the survey week.

4. Most volunteers donate their services at infrequent intervals. In the DOL study, almost half of the volunteers reported that they donated their services either once only during the previous year, or several times but less frequently than once a month.

5. Because of the infrequent nature of voluntary activity by most volunteers, most volunteer work is contributed by a relatively small number of persons. In the DOL study, only 1 in 4 volunteers contributed time on a weekly basis and only 1 in 5 donated 100 or more hours per year (2 hours per week).

Statistically, this skewness in the extent of volunteer activity causes the mean hours donated per volunteer to be greater than median hours donated. A rough calculation yielded the estimate that volunteers in the DOL study donated an average of slightly

over 70 hours annually (compared to a median donation of slightly over 25 hours).

The Michigan study estimated that families that volunteered time donated about 150 hours per year. However, this estimate includes hours worked by both husband and wife. Since 57% of the household volunteered time, and the rate of voluntarism was 51% among women and 41% among men, it is apparent that both husbands and wives donated time in the majority of cases. Average annual hours of donated time per volunteer cannot be estimated but must be above 75 hours and are probably around 90 to 100 hours. Median hours worked were around 40.

Considering the differences in the definition of what constitute volunteer activities in the two surveys, these results as to median and mean hours worked per volunteer are reasonably consistent between the two surveys.

6. These estimates of annual hours worked per volunteer are markedly less than Wolozin's estimate that the average volunteer contributed 4.6 hours of work per week or an average of 239 hours in 1964 per year per organization volunteer. Average hours donated per volunteer should be even greater, since some volunteers may have donated time to several activities.

Although Wolozin was sharply critical of the Michigan study estimate of annual hours worked, which he felt was too low, he did suggest that his estimate may have been somewhat high, since the organizations that supplied the data for his calculations were ones that were more likely to make continuous and intensive use of volunteers in their programs than many others programs using volunteer help.

A more likely explanation is that Wolozin apparently estimated annual hours worked per volunteer on the basis of the average hours worked by volunteers in the course of a week (4.6 x 52 - 239). As noted, the DOL survey indicated that most volunteers donate time less than once per month. To estimate average annual hours donated per volunteer, one would have to multiply average hours donated per week by the average number of weeks per year which volunteers donate time, which would be of the order of 10 to 12.

In this connection, it is worth noting that Wolozin's estimate of the average hours worked per week per volunteer (4.6) is somewhat less than the estimate of average hours donated by

volunteers (5.6) during the survey week in the DOL study. These two estimates are reasonably consistent when it is considered that the DOL estimate would include donations of time to multiple organizations while the Wolozin estimate included time donated only to a single organization by volunteers.

7. There is no way to determine what proportion of volunteer efforts were used to benefit the disabled.

Volunteering in Rehabilitation Facilities

Recently, Goodwill Industries of America sponsored a study which collected extensive information on the extent and characteristics of volunteering in rehabilitation facilities.[11] A comprehensive listing of approximately 2,800 facilities providing rehabilitation services and/or sheltered employment was compiled from existing lists supplied by various government agencies and private organizations. Questionnaires were sent to 25% of these facilities selected on the basis of a stratified random sample. About two-thirds of the facilities returned completed questionnaires.

Slightly over 60% of the rehabilitation facilities answering the questionnaire used volunteers. It was estimated that between 275,000 and 350,000 volunteers donated time to rehabilitation facilities during 1969.

The facilities reported that the average amount of time donated by each volunteer was 37 hours in 1969.[12] This estimate is less than reported by the DOL and Michigan studies, probably because the latter two studies combined donations of time to different activities by individuals while the Goodwill study considered only donations of time to a single facility. The Goodwill estimate is far lower than the estimate reported by Wolozin, although the definition of volunteer time is identical in the two studies (average time donated per facility per volunteer). Thus, the results of this study are consistent with the conclusions we drew in the previous section.

Some rough calculations using the lower estimate of the number of volunteers in rehabilitation facilities indicated that these volunteers contributed about 5,000 man years of work to these facilities in 1969 (275,000 x 37/2,000), not quite three man years per facility utilizing volunteers.

In sum, the number of persons providing volunteer services ap-

pears substantial in the aggregate. Most, however, donate relatively few hours over the course of a year. Overall, they constitute a relatively small, but perhaps highly appreciated, part of the manpower pool of most facilities.

Benefits of Voluntarism

The ultimate test of the benefits of voluntary donations of time and assets is the extent to which these donations increase social well-being. Social well-being will be increased if voluntarism:

1. increases the effect of productive effort in the economy, and/or
2. channels existing productive capacity towards uses that have a more beneficial effect on social well-being than the uses being sacrificed.

To increase productive capacity, the availability of productive resources, primarily labor, must be increased. Philanthropy rarely does this. Donations of money make it possible to hire resources away from other uses but do not increase the productive capacity of the economy.

There is some justification, therefore, for the view that philanthropy is a process by which the burden of paying for needed services is borne by a dedicated minority rather than being equitably distributed among the population.

This view is too harsh. Philanthropic institutions rarely compete with public agencies in order to provide services. Rather, philanthropic institutions usually fulfill the following roles:

1. They fill gaps in services. For example, sheltered workshops are primarily operated by private non-profit organizations.
2. They initiate and stimulate the development of new services when the need for these services is perceived only by a dedicated minority.
3. They serve as advocates for worthwhile causes.
4. They sponsor research, through grants of money and also by maintaining a strong internal research capacity in some cases.

Basically, the arguments for philanthropy are that it reallocates resources towards critical needs that would not otherwise be met, and that the institutions supported by philanthropy stimulate reallocations of resources by public bodies.

In fact, it might well be argued that the role of philanthropic in-

stitutions is critical. Government bureaucracies are inherently conservative. Change frequently must be stimulated by the example and pressure of outside influences, usually philanthropic organizations.

In contrast to donations of assets, donations of time directly increase the productive capacity of the economy in most cases. There is general agreement among the surveys on voluntarism that volunteers tend to be 35 or over. About 60% of the volunteers reported in both the DOL and the Goodwill surveys were in this age range (about 50% more than would be expected on the basis of the percentage of persons 35 or over in the population). In addition, the majority of volunteers are women - almost 90% in the Goodwill survey and 60% in the DOL survey. About two-thirds of the women volunteers in the DOL survey did not work for wages. In contrast, about 85% of the male volunteers were remuneratively employed.

Given these facts, and the additional consideration that most volunteers donate relatively few hours annually, the scenario that emerges is that most volunteers are women whose children no longer require constant care but who do not choose, or do not feel able, to enter the regular labor market. Male volunteers, on the other hand, almost always work in regular employment in addition to their volunteer activities.

The important point is that it appears that very few volunteers forego paid employment in order to do volunteer work. Their volunteer efforts, therefore, are above and beyond their normal productive activities and a net contribution to the nation's productive capacity.

If some volunteers forego paid work, then their volunteer efforts would not be an increase in the productive capacity of the economy but a reallocation of the existing productive capacity (which is exactly analagous to the philanthropy case) with all, or at least a large part, of the burden of providing services borne by the volunteer (in the form of lost wages).[13] This may, in fact be the usual situation in the case of the paid volunteer who usually works full time at subsistence wages. It can be reasonably assumed that he would be employed elsewhere were he not engaged as a paid volunteer.

Nevertheless, the largest part of the efforts of volunteer workers apparently increases productive capacity. As in the case of philan-

thropy, these efforts fill important gaps in services to the disabled and frequently stimulate the public sector to begin to provide comparable services. Volunteers may also serve as advocates for causes. Even if volunteer efforts do not increase productive capacity, they may still be justified on the grounds that they reallocate productive capacity towards more socially valuable uses.

By how much do volunteer efforts increase productive capacity? Wolozin estimated that the imputed value of volunteer services was $14.1 billion in 1964, which compared closely with the implied value of volunteer efforts in the Michigan study ($13.1 billion).[14]

The Michigan study estimate was calculated by multiplying the average hourly earnings of the head of the household ($3.07) by the hours of volunteer work per family, by the number of families in the U.S.[15] Sirageldin later refined this approach by valuing the volunteer efforts of household heads and their spouses separately, and apparently using the actual earnings of individuals in each family to value their volunteer efforts. In the case of persons who were not working, an estimate was made of what their earnings would be if they were employed.[16] This refinement reduced the estimated value of voluntary donations of time per family from $260 to $204, which reduces the estimated aggregate value of volunteer efforts to $10.3 billion in 1964.

The NBER study utilized a considerably larger estimate of the number of volunteer hours than the Michigan study but utilized a lower estimate of the value of each of these hours. The similarity in the estimate of the aggregate value of volunteer time between these studies was a fortuitous balancing of these offsetting factors.

Each of these estimates is probably too high. The NBER study apparently estimated total hours donated annually by multiplying its estimate of the number of hours donated annually per volunteer by the estimated number of volunteers. Since the estimate of hours donated per volunteer is almost certainly excessive, the estimate of total hours donated by all volunteers is also too high.

In addition, the NBER study apparently utilized the Michigan estimate of the total number of volunteers during the course of a year. As noted, a large proportion of the volunteers in the Michigan study donated time to religious activities or to neighbors and friends. This approach to measuring voluntary activities is too broad for our purposes.

Another problem in estimating the value of volunteer work is

that there is no generally acceptable method of measuring the value of volunteer efforts. Sirageldin assumed that the value of volunteer efforts was equal to the wages that an average man or woman earned in remunerative work. It is possible that this represents the value of donated time to the volunteer. It is considerably less likely that it represents the value of donated hours to the person or organization benefiting from the donated time.

In order for the Sirageldin approach to be a valid method of estimating the value of volunteer time, the average productivity of volunteer efforts would have to be comparable to the average productivity of regular paid workers. There are several reasons why this assumption is probably invalid. To begin with, it is probable that most volunteers perform relatively unskilled work. In rehabilitation facilities, for example, they are likely to be aides to regular employees or to serve as companions to the disabled or to be involved in the recreational activities of the disabled. Moreover, it is probable that volunteers are less efficient in the performance of their jobs than regular paid workers.

This can be inferred from the facts that turnover among volunteers is apparently high and their donated hours are few in number and sporadic in nature.

In a previous work, I assigned a value of $1.50 per hour for voluntary labor in 1968.[17] If we assign this value to the estimate of the number of volunteer hours in 1965 as measured by the DOL survey, then the estimated annual value of those hours is $2.9 billion. Between 1965 and 1970, the U.S. population increased 5.4% and between 1968 and 1970, the Consumer Price Level increased 11.6%. If we adjust the above estimate on the basis of these changes (which assumes that the rate of voluntarism remained unchanged), then the value of the voluntary efforts as identified in the DOL study would be estimated as $3.4 billion in 1970. The estimated hourly value of volunteer efforts would be $1.67.

On this basis, the value of the efforts in rehabilitation facilities, as measured by the Goodwill study, would be about $17 million in 1970. This, of course, represents the value of only a small part of the volunteer efforts on behalf of the disabled. At present, there is no systematic data by which we can estimate the value of other volunteer efforts — e.g., working for national associations for the disabled, visiting the disabled at home, reading to the blind etc.

So far, we have described the economics of voluntarism in terms of benefits to clients. Whether these benefits are generated by increasing productive capacity, or by sacrificing the production of other goods and services, the fact must be faced that these benefits are obtained at the cost of a disproportionate share of the cost of providing services being borne by the volunteers themselves.[18] The question arises, what benefits do volunteers receive?

The DOL survey found that many volunteers (38%) donated time because they wanted to help people, others (29%) did so out of sense of duty, and still others (38%) reported that they enjoyed volunteer activities.

Apparently, there are psychic rewards to volunteers that compensate them for the use of their time. It has been observed that some people, especially teenagers, may enter into occupations that they had not previously considered as a result of their volunteer work. Voluntary activities satisfy the desire of many people to perform socially useful work without being subjected to time schedules and other rigors associated with paid employment.

Future of Voluntarism

Historically, voluntarism has been an important factor in the growth of social services in the United States. In recent years, considerable stress has been placed on voluntarism as a means of providing needed services to the population.

One reason for this emphasis has been the supposition that, in these days of rising costs and needs, the U.S. cannot afford to provide all needed social services. This is a fallacious argument. Philanthropy does not affect the nation's ability to support social services. It simply represents one among several ways of paying for the services, one which concentrates the burden on relatively few people. Donations of time may increase a nation's productive capacity, but the value of these volunteer efforts appears small relative to the enormous resources expended on the provision of social services.[19]

The issue of voluntarism also raises two philosophical questions: (1) should needed services be dependent on the vagaries of voluntary donations of time and assets, and (2) should a concerned part of the population be asked to bear the full burden of providing these services.

Many people would answer negatively to these questions. Given

this philosophical position, plus the limited resources made available through voluntary activities, then it follows that most services to the disabled should be financed by client fees or out of government revenues.

Voluntary donations of time and money should continue to be used, as historically they have been, to fill gaps in services, enrich existing services, pioneer and innovate new services, and experiment with alternative means of providing services, usually with the hope and expectation that when the effectiveness and desirability of these services is demonstrated, the funding of these services will be assumed by the government or by clients or their families. In fact, a portion of volunteer time and money is usually devoted to pressing for augmented public support for these activities.

This way of utilizing volunteer resources will have a major and beneficial impact on the provision of services to the disabled. The impact will be major because it will eventually affect the way in which a far larger quantity of resources is expended. It will be beneficial because it will lead to more comprehensive and improved services. In fact, voluntary activities may be one of the more important forces stimulating improvement in the way services are provided in the United States.

Despite this general statement about the role of the voluntary sector, it must be emphasized that many activities should remain under voluntary auspices for the forseeable future. One reason is that widespread participation is encouraged in many voluntary activities such as PTA membership. Voluntary association is the only practicable method of achieving this goal.[20] Another reason is that the traditions of a free society require that some activities, such as scouting, remain outside the control inherent in public sponsorship. Still another consideration is that it would be difficult to utilize the irregular and small contributions of time to relatively low productivity activities that characterize many volunteers on any other basis than voluntarism.

The face-to-face and voice-to-voice contact that provides companionship and the feeling that people still care is one of the most important contributions of volunteers in the area of disability and aging. There will always be a role for volunteers for these purposes.

FOOTNOTES

1. E.g. James N. Morgan, Ismail A. Sirageldin, and Nancy Baerwaldt, *Productive Americans* (Ann Arbor, Michigan: The University of Michigan, Institute for Social Research, 1966), Survey Research Monograph No. 43, p. 527; Harold Wolozin, "Volunteer Manpower in the United States" in *Federal Programs for the Development of Human Resources, Vol. 1* (Washington, D.C.: Subcommittee on Economic Progress, Joint Economic Committee, U.S. Congress, 1968), p. 205; *Americans Volunteer*, Manpower Automation Research Monograph No. 10 (Washington, D.C.: U.S. Department of Labor, Manpower Administration, 1969), p. 21; *Volunteering in Rehabilitation Facilities* (Washington, D.C.: Goodwill Industries of America, Inc., p. 3.

2. *Vol. in Rehab. Fac.*, *op. cit.*, p. 24.

3. *Americans Volunteer*, *op. cit.*, p. 2.

4. Presumably the non-monetary rewards of his work compensate for the loss of earnings.

5. *Statistical Abstract of the United States*, 1971, p. 299.

6. *Productive Americans*, *op. cit.*, p. 140.

7. *Americans Volunteer*, *op. cit.*, p. 3.

8. "Vol. Manpower in the U.S.," *op. cit.*, pp. 203-214. Since this study has not yet been published, the conclusions reported by Wolozin remain subject to modification.

9. Wolozin mentions several other technical aspects of the DOL study which may have influenced its estimate of the rate of voluntarism ("Vol. Manpower in the U.S.," *op. cit.*, p. 209).

10. *Americans Volunteer*, *op. cit.*, p. 8.

11. *Vol. in Rehab. Fac.*, *op. cit.*, p. 8.

12. The Goodwill study distinguished between volunteers organized into auxiliaries and non-auxiliary volunteers. Our estimate is a weighted average hours of time donated by each class of volunteer.

13. This qualification is necessary because of: (1) paid volunteers; and (2) the fact that a reduction in earnings also causes a reduction in tax revenues. Tax revenues are used to benefit the population generally and their loss is, therefore, a cost borne by the entire population, not just the person who foregoes earnings.

14. "Vol. Manpower in the U.S.," *op. cit.*, p. 208.

15. The last part of this equation, multiplication by the number of families in the U.S., was performed by the investigators in the NBER study, not the investigators in the Michigan study.

16. Ismail Abdel-Hamid Sirageldin, Non-Market Components of National Income (Ann Arbor, Michigan: The University of Michigan, Institute for Social Research, 1969), p. 77. The Michigan study report expressed concern that their approach understated the value of volunteer efforts because voluntarism increased as family income increased. Sirageldin's approach automatically adjusts for this effect. The large drop in the value of volunteer efforts that resulted when Sirageldin's approach was used was apparently a consequence of a lower value being placed on the time donated by women. The first estimate valued this time at the household head's earnings. Sirageldin valued this time at the spouse's actual or potential earnings.

17. Ronald W. Conley, *The Economics of Mental Retardation*, to be published by The Johns Hopkins Press.

18. If a volunteer sacrifices leisure, he bears the full burden of the time he donates. If a volunteer foregoes paid work, his burden is his foregone earnings less the taxes he would have paid on these earnings. The loss of tax revenues is a burden borne by the entire community.

19. Since there is always variation around an average, some facilities may consider voluntarism as an important component of services.

20. Any payments system would quickly become mired in questions of how much should be paid for what services.

VOLUNTEERS IN A STATE AGENCY FOR THE BLIND

Joseph Kohn

The State Commission for the Blind in New Jersey came into existence as a legal entity in 1910. Volunteers, one might say, started the agency, since a year earlier a group of public-spirited women had begun to serve blind people in their homes, particularly by teaching them handcrafts.

The Act establishing the Commission had a unique statutory statement which is still in existence and says that the Commission can do "whatever is necessary to ameliorate the condition of the blind." This gives the agency a very broad base of activity and underpins its philosophy of comprehensive services to blind people. In addition to being an official vocational rehabilitation agency, the Commission provides prevention-of-blindness services and home teaching and social services for the elderly and homebound. It operates a contract workshop program, a rehabilitation center, and an extensive home industry program. In addition, it is the agency responsible for the education and school placement of blind and visually impaired children in the state.

One might say that the volunteer program developed initially in the agency almost by itself. However, during the past 20 years individual departments have begun to structure and develop the program because of emerging needs. It wasn't, however, until 1971 that the Commission added a supervisor of volunteers in its table of organization.

Roles and Functions

Volunteers are used in a large variety of roles and their activities are administered by the individual departments with which they are associated. The supervisor of volunteers acts as a co-ordinator for all service departments. In general, her job is to recruit and

correspond on new requests, to arrange or provide in-service training; to maintain statistical records on each volunteer as well as evaluation of performance, and to provide at least annually a combined educational and awards program for all volunteers assisting the agency. This last is considered of special importance not only as a reward for service but as a vehicle of public information about blind people and as a means of improving public attitudes toward blind people.

At the present time the Commission is using a minimum of 2,000 to 2,200 volunteers annually and that does not include the special efforts of Lions Club members who are organizationally committed to the needs of blind people. Their activities overlap the usual volunteer function and include fund raising for support of projects, and even direct service.

Volunteer functions include the following major areas:

1. **Preschool Vision Screening**

As part of its prevention-of-blindness function, the Commission conducts vision screening programs for vulnerable population groups. Among preschool children we are particularly interested in identifying amblyopia and other early childhood eye conditions, since treatment is effective usually only up to the age of seven. Staff nurses arrange for community-wide screenings by agreement with local school districts. We enlist the co-operation of local PTA's, Delta Gammas, and similar groups, since we wish to use "mother-types" with these young children.

Members of our agency nursing staff then give formalized training to the involved volunteers, who become part of an assembly line arrangement for gross testing of vision, using the equivalent of a Snellen E Chart. This is a simple pass-fail examination and no special professional knowledge is required. Children who fail the simple test are referred for a professional eye examination at the Commission, which also provides followup into treatment and surgery, if required. About 1,300 to 1,400 volunteers are used annually in this program and there is greater community demand for the service than we can readily meet. A manual for volunteer training in this area has been developed and is in use. Just over 17,000 children were screened in New Jersey last year.

2. **Library and Textbook Center**

The Commission education program emphasizes public school placement of blind children. Nearly 1,000 blind children were at-

tending regular community classes in New Jersey last year. In addition, several hundred were placed in nursery schools, treatment centers, and/or residential schools for the blind because they suffered from multiple handicaps. To make this possible, the Commission has a substantial staff of itinerant teachers who visit children in their homes and their community schools, assisting parents and classroom teachers with the child's needs and furnishing supplemental instruction, such as Braille. The itinerant teacher provides all specialized teaching materials and testbooks in Braille, tape or large print. These are ordered from the Commission's Materials and Textbook Center. This is a sizeable undertaking, since local school districts tend not to use similar texts. Frequent changes in textbooks add to the problem of producing special materials. And this is where the 300 to 400 volunteers come into the picture.

There are a number of organized Braillist groups throughout the state — some with their own organizational patterns — who will do books for our Textbook Center by hand Braille and will bind them. Many have Thermaform machines which can duplicate Braille. These groups include American Red Cross chapters, Junior Women's Clubs, Church and Temple Women's groups or auxiliaries. A number of these ladies are specialists in foreign languages, math, science and the like.

They will give up considerable personal time to attend training sessions and lectures sponsored by the National Braille Association, the Commission, and similar groups. Our largest problem is likely to occur when we send a French book for transcription to the science specialist or vice versa. Also they are likely to fret when not continuously occupied which, of course, is not possible since our demand is not steady. Two to three months before and after the September opening of school are likely to be peak periods.

3. Home Teaching and Home Services

Home teaching for personal adjustment and self-care has been a traditional program for older and homebound blind people. We use 200 to 300 volunteers annually as friendly visitors. They minimize the isolation of the homebound person and help with reading of mail, shopping, and personal needs. They also do Brailling of recipes or handwork instructions and provide transportation to church or for medical attention and the like. The im-

portance of this cannot be over-emphasized. We recently conducted a study of 800 older blind persons and found that 20% lived alone and another 20% in some type of rental or boarding arrangement with nonrelative families. Clearly, these people need our home services. Volunteers are given specialized training by

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professional staff to give insight into the needs of blind people. They are advised particularly not to become involved in professional problems and to avoid sentimentality and the pitfalls of developing a dependency relationship with the client.

Because of the continuing failures of public transportation or the lack of it in rural and suburban areas, transportation is becoming a major problem to handicapped blind people who should be moving in the community to attend to their personal needs but cannot. This same problem is now increasingly affecting our workshop population, especially in areas where bus companies surrender their franchises because they are uneconomical or there are extended strikes. Public transportation problems which affect the general population adversely have become far more serious for

the severly handicapped, the poor, and those whose physical handicap imposes a mobility limitation. Here again, home services are indispensable.

4. **Vocational Rehabilitation**

The Commission's major thrust in vocational rehabilitation is toward competitive employment. While the employment of blind people is a rather well accepted cultural fact today in this country, increasingly the blind people requiring help and coming for service have multiple handicaps. Special programs have had to be developed for this population leading to greater emphasis on production or sheltered workshops and home industry type programs.

In New Jersey we have enjoyed some success in training blind people to make sellable articles in their homes or in small centers. These are generally soft goods items that are woven, hand sewn, or machine sewn. It is amazing how many severely handicapped people can operate well an industrial type sewing machine. We even have several deaf-blind clients now working in this area.

Last year the New Jersey Junior Women's Clubs raised funds for a mobile unit — a bus whose interior has department store type selling counters, instead of seats — to display and sell high grade articles made by the homebound. In addition to purchasing the vehicle and paying for its adaptation, volunteer groups all over the state were invited to a formal dedication of the vehicle and now help us to make appointments at community fairs, shopping centers, special meetings and the like where the bus is stationed and the sale held. Numbers of local volunteers assist with the sale itself or come to our Home Industry Center to assist with packaging and pricing articles in preparation for sales.

We use a number of other methods for selling larger volumes of blind-made articles, but the bus program gives us a valuable public visibility and frequently encourages local case referrals. Counting all aspects of the Home Industries program, total annual sales are running at a rate of about $200,000 a year with something over 200 to 300 clients involved. We hope to serve as many as 600 people annually in the next few years.

One variation on this theme came from the grass roots. A local Lions Club in the southern portion of the state offered free workshop space in their own building because of their interest in unemployed blind people in the Alantic City area. We now have

eight to ten machine sewers who use this as a center for production sewing. One staff member is stationed there for supervision. Insurance is covered by the Lions Club at our request. All production is returned to our central Home Industries Center for processing and sales delivery. The local Lions, additionally, talk to their members and friends concerning employing blind people or securing contracts for our three packaging and assembly workshops, which are in different parts of the State.

5. **Special Projects**

The Junior Women's Clubs of New Jersey have a so-called Braille chairman who meets with the director and department heads of the Commission annually to discuss needed projects in any of the Commission's divisions. Those selected by joint agreement are formally voted by the Juniors and become that year's service commitment by Clubs throughout the state. The bus for home industries was one such major project. The volunteers who man this program help distribute literature on preventing blindness and act as case finders. Some get into Brailling and tape duplication groups. Last year each member of the subcommittee of the Juniors was asked to secure help from local employers in getting one job placement opportunity for a counselor to evaluate.

The Lions Clubs of New Jersey have been of tremendous help to the Commission. Because of their commitment they are frequently called on for special services. Many of them turn out annually to paint and repair the buildings and cottages at the Commission's summer camp for blind children.

The Telephone Pioneers consist of retired phone company employees. They have adopted country-wide a program of repairing Talking Books for the blind. These are exceptionally talented and able people who will go out of their way to be helpful. Relations are excellent. Recently they have even used company trucks to pick up large batches of machines to be repaired at their center. Some, however, work out of garage workshops and are equally effective.

Commentary

From the foregoing it can be seen that the use of volunteers is not limited to formalized selection and training followed by assignment of volunteers. Some of the programs are built upon relationships that develop over the years and are important to the way in which the agency relates to the community.

In New Jersey volunteers are unpaid and are not considered employees or part of the State Merit System. If working, as in the case of Braillists, in a group center of their own, they take care of their own insurance. If on agency premises, they, like any other visitor, are covered by the state, which is self-insured. No Workmen's Compensation is involved. When supplying client transportation, volunteers are expected to furnish liability coverage through their normal automobile insurance. Recently, I asked our insurance broker to investigate the possibility of a "floater" policy that would cover a volunteer who provides transportation, in amounts over normal auto insurance, to protect against a major accident. He could find no company that had this type of coverage for a nonemployee. From the volunteer's point of view, this could be a very real problem.

We have had no research and demonstration projects to date which involve volunteers. Funding has not been a particular problem. The volunteer program is an integral part of agency function. State funds can be used for training. In addition, the Commission is authorized by law to receive private funds, and these can, when authorized by the Commission's Board, be used for volunteer luncheons and awards programs and the like. I do not recall receiving a single request from a volunteer to have her personal transportation paid in connection with her volunteer work.

The only major problem we have had with the volunteer program has been to keep volunteers regularly busy, as in the case of Braillists; and to keep them adequately informed. In addition, they have indicated a need to have someone in the agency to turn to in order to deal with their gripes. It was out of this "feed-back" that a supervisor of volunteers was added to Commission staff.

BALTIMORE'S INDIGENOUS VOLUNTEER PROGRAM

Jennie M. Jenkins

Barbra Streisand, Nat King Cole, and Tony Bennet sing a song beginning "People who need people are the luckiest people in the world". These people who need people are the people I want to talk about today.

The people who need people are many — some are right around us, sometimes next door or across the street. Some of these have not had the breaks or opportunities that we have had nor do they have the courage or the guts to make a step of their own. These are the people we need to reach out to, to stimulate and to help them know a better life. It would just take a little bit of understanding and caring to stimulate people to want something for themselves, to want a better life, to become self-supporting and to gain dignity.

The people who care are our volunteers who, because of their concern and willingness to reach out and share, have helped these people who have helped themselves.

Poor folk have been naturally volunteering for years because they saw themselves as a part of the very same problems that affected their neighbors and knew that they had to be a part of the solution in order to effect any change that was needed. They did not know the fancy words "volunteering" or "community services." It was simply helping one another. The new concept of volunteering is that same idea — people helping people.

In the time allotted to me, I shall attempt to paint the portrait of the organized indigenous volunteer program in the Baltimore City Community Action Program. The easel upon which the canvass stands represents the target area where the Baltimore CAA focuses its service. The canvass upon which the portrait is to be painted

represents life in the poor society. The sketch of the portrait indicates the developmental strategies upon which our program is built. The lightness and darkness of the brush strokes in the portrait reflect the degree to which our strategies are motivating and stimulating the indigenous volunteer to lend his talent to helping people who need people.

Let us begin to develop the sketch of our program by defining some of the terms I will use. The terms indigenous, disadvantaged, and poor will be used interchangeably. I am defining indigenous as persons of the neighborhood population, related as to race, religion, language, social class, and culture — people who are in the target population or live just outside the area. These persons are generally financially and educationally deprived or are restricted by class or racial barriers. To be poor is to be without those things or those opportunities considered essential in a given society. More bluntly, to be poor is to feel deprived of those goods, services, and goals which others around you take for granted. The disadvantaged citizen is one who has never shared in the benefits of our society and who has had very little in the way of positive responses from established institutions.

The depth and strength of a portrait is built on the historical development of the sketch. Let's review briefly the historical mandate for voluntarism in the Community Action Agency.

In 1964 President Lyndon Johnson signed into law the Economic Opportunity Act, which included seven titles, each dealing with a particular aspect of poverty. The act included a wide variety of approaches to the solutions of the many problems which arose from poverty in all sections of the country, both urban and rural.

The major thrust and dominant feature was to rally and mobilize financial and human resources into community action programs. Any agency receiving OEO funds had to plan for meeting community needs. The concept was based on the belief that local citizens know and understand their communities best and so would be the ones to take the initiative and provide sustained, vigorous leadership. The main emphasis was the maximum feasible involvement and participation of disadvantaged people in developing effective methods to move from poverty into the mainstream of society.

There was also a legislative mandate to develop programs to ex-

pand opportunities for persons to participate in a direct and personal way on a part-time basis in volunteer activities that contributed toward the elimination of poverty. This involved encouraging the non-poor, persons with managerial, professional, or technical skills to volunteer their profession and talent with particular emphasis upon helping residents of poor neighborhoods. This legislative mandate was not restricted to the non-poor as volunteers but included the utilization of target area residents as one of the best sources of volunteers in community action activities.

In line with the new war on poverty, the Baltimore Community Action Agency and a commission of 21 persons were established by a City Council ordinance in 1965. The CAA as a target umbrella agency is an arm of the government to act in, for, by, and with the community. Its mission is to serve as the advocate of the poor, instituting economic and social changes in an effort toward self-achievement and self-respect and toward the major goal — the elimination of poverty.

The Commission is the governing and policy making body which assesses community needs, supports new programs, and evaluates existing programs. Eleven members are appointed by the mayor from labor and business. Ten members are selected as representatives of the inner city. They are recommended by the Commission and are also appointed by the mayor. The field of action, or target area, includes depressed segments of the inner city, housing 231,686 persons, or 49,184 families in two sections of the city-East Baltimore and West Baltimore.

The physical hallmarks of these sectors were substandard and over-crowded housing, trash-littered streets, rat-infested yards and alleys, a lack of recreational facilities, and antiquated and inadequate schools.

The personal ills which saddled the residents of these areas were even more numerous than those which marked their physical environment. Unemployment, ignorance, physical and mental illness, broken families, apathy — all combined to create and perpetuate a locked cycle of degradation which threatened the very existence of our city. The Indigenous Volunteer Program is a major component of the Baltimore Community Action Agency program and ranks high on the totem pole of our agency's programs, as it integrates all services provided by the agency.

Our organized volunteer program was a first-time venture in Baltimore City. We were the first public agency involved in a community service to have a volunteer program, the first agency to involve the disadvantaged or minority groups — the consumers or persons receiving services and also serving as volunteers — and the first agency to involve the community at large. We in Baltimore are very proud of our progress but we also realize we still have a long way to go.

At this point, I would like to digress a moment and extend my profound and sincere appreciation to Mrs. Elizabeth Cantor of the Washington, D.C. Department of Social Services, who permitted me to trespass into her busy schedule and share her experiences, which provided sound direction at the commencement of my program.

The next stroke in the development of the sketch I am attempting to paint is to put into perspective the structure, function, and process through which our Indigenous Volunteer Program evolved and is currently evolving.

The Structure

The target area is divided into neighborhoods, each staffed by a development team, which consists of a counselor and assistants from the neighborhoods themselves. Each team operates from a CAA center, a neighborhood headquarters that offers ready access to counseling, referral for a variety of educational services, job training, resident problems, and development of business enterprises. We now have 24 of these neighborhood centers.

The decentralization of planning and services has certainly increased resident participation and community involvement and responsibility and has opened many fascinating avenues for the poor. Equally as important, residents have been organized as local target area representatives and into advisory councils with duties of recommending and approving programs for their areas. These advisory councils assume responsibility for finding out what the community needs, what it wants, what is available, what it thinks about these programs, and why residents are not using services that are available. The councils are also responsible for program direction and fiscal control and serve as communication links between the residents and the agency as to the effectiveness of current programs and new ones.

Because our Community Action Agency cannot encompass all of the programs necessary to meet the needs of the poor, it funds a variety of service programs such as the Neighborhood Youth Corps and the Concentrated Employment Program. It also funds a variety of services through Neighborhood Corporations, thus giving the residents of the poor neighborhoods the opportunity to participate actively in self-help programs.

In addition to these, there are programs which CAA co-sponsors with other agencies, which we refer to as Delegate Agencies. We fund and supervise 30 such programs.

The Community Action Agency serves as a testing base for new and innovative types of service programs. After they pass the experimental stage, they are contracted out to other agencies.

As the program began in 1965, the agency served as a vehicle in the organization of residents around crisis issues. This was not too successful. Today our agency takes the initiative in developing and promoting sound economic advancement and opportunity for the residents, and this can make a real, meaningful change in their lives.

My task was to structure a volunteer program on a sound professional basis and to set up procedures so that residents would be able to influence the characters of programs affecting their lives but could also seek technical assistance and support from others. In this way they would have a voice in saying what they needed and wanted and could make plans for this as well as working to help each other.

Involvement was the key to the effectiveness of the program. Who would be involved? First, the administrative personnel. There must be a strong interest and support by top administration. The staff must be convinced of the value of utilizing volunteers to enhance the programs. The staff, in other words, had to be sold on the effectiveness of the advisory councils, neighborhood committees, and other contributions of area residents, those who are most knowledgeable about the needs and problems of the neighborhoods.

Involvement of all of these implies that they would be included in the planning process to plan with and to plan for volunteers. This involvement would provide sounder interpretation of the program and would have a greater impact on those who would be serving and those who are served.

My first steps were to redefine voluntarism, state the general types of volunteers, and set up goals and objectives. The program objectives and goals needed to be built into the structure of our organization and relate to the over-all broad objectives of the Community Action Agency. Thus the goals and objectives would touch upon the entire CAA function.

Voluntarism needed to be redefined as it would relate to the indigenous, disadvantaged, or the poor volunteer who would be

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The black volunteer plays an important role in the black community. He emphasizes that we are concerned about each other in our community. He provides a positive image to the black child. . .He offers an alternative to the "hustler" image that has prevailed in many of the inner city areas. He provides the black community with a pool of skills to draw upon.

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giving services and who might be getting services at the same time. This meant the image of volunteer manpower would take on a new look. In our program a volunteer could be any individual or group willing to share time, talent, energy, skill, common sense, and experience. Of these he would give freely, without pay, out of concern and belief that we are all responsible for one another. These skills could be derived from life experience as well as from training and education.

The changing patterns for volunteer work in our programs would include three types of volunteers — administrative, service, and membership volunteers. They would be coming from all types of environments and all segments of society and would be professional, non-professional, skilled, and unskilled.

1. The Administrative or Board Volunteers are those who donate their time to serve as leaders on boards and committees and

participate in planning and developing programs. They serve on policy making levels, help interpret policies to the community, and help with public relations and problems that develop in programs.

2. The Service or Operational Volunteers are individuals or groups actually engaged in giving service or working on specific jobs, helping staff and residents to put their programs into effect. These efforts supplement, enrich, and enhance our programs in Neighborhood Centers, and Delegate Agencies.

3. The Membership Volunteers are those who actively participate in meetings of the centers and delegate agencies, voicing their opinions and decisions as to what programs are needed and what programs will be. These members are generally made up of residents from the target area.

Goals of the Program

The over-arching goals for the program are:

1. To open up more opportunities for the involvement of target area residents, channeling their efforts and concern through training and guidance.

2. To enable residents to have more adequate voice in planning for themselves.

3. To reinforce and strengthen services offered by the Neighborhood Centers, Component Programs, and Delegate Agencies.

4. To focus on the recruitment and use of group volunteers to "adopt" a center, incorporate a variety of experiences, and provide a number of services to meet the need expressed by the residents.

5. To widen the recruitment of volunteers for the Neighborhood Centers, Component Programs, and Delegate Agencies especially, to recruit those persons who can help to develop meaningful economic training to help residents move out of poverty into the mainstream of life.

6. To coordinate efforts of existing agencies and public and private enterprises in use of volunteer resources, thus eliminating duplication of effort.

The specific objectives for achieving the goals are:

1. To centralize the recruitment of volunteers for direct and special services, from residents of the target area and Metropolitan Baltimore, channeling these services to the Neighborhood Centers, Component Programs, and Delegate Agencies.

2. To reinforce, expand, and enhance the operational services

and programs.

3. To meet the intent of Congress for local communities to become increasingly involved in local anti-poverty programs, increasing their contribution as the federal contribution diminishes.

4. To involve persons living in poverty-stricken neighborhoods by providing the training and supervision which will enable them to participate as volunteers.

5. To serve as a bridge between the agency and the community at large to improve understanding and reduce barriers in communication.

Gaining Staff Acceptance

My next steps were to present the program to the administrative personnel, who offered some modifications, suggestions, and confirmation of their support.

Then I had several meetings with the general staff to present the program, its goals, purposes, and procedures for discussion and modification. These meetings introduced the new interpretation of voluntarism as a profession with dignity and worth for each person and the value of volunteer contribution to our program and to the volunteer. The primary factor here was the staff's understanding of the involvement of the residents and non-residents to serve as a supplement to their jobs. They were also helped to see that the programs created by them and the residents must be with conviction of a team approach, on a close mutual basis. Discussion with the staff was also helping them to create activities in their own individual areas that utilized volunteers.

Following our first general meeting, visits were made to each of the Neighborhood Centers for further discussion with the staff to encourage the new volunteerism and to develop job descriptions of those volunteer jobs already in operation in such activities as neighborhood committees and advisory councils, where residents were using their time and energy to plan not just for themselves but for their neighborhood and community. At the same time, usually in the evenings, I met with the councils, committees, and other leaders selected by the staff's councils to carry this discussion to them. It was purposely done on a decentralized basis.

Each center expressed the need for a tutorial program. They not only recognized the need for remedial education for the youngsters but also for the adults who needed to increase their education.

Diverse tutorial programs were organized, ranging from preschool through adult - General Educational Development (G.E.D.) - on a one-to-one basis. It was much more than learning a given skill; it meant establishing relationships and confidence.

For the youngsters' programs, a center staff member was assigned to contact the schools in each area to learn the needs and to obtain a capsule of background information on the children. Tutoring was provided after school and on Saturdays.

Other groups expressed their interest in various other projects, such as silk screen printing, establishing a day nursery, sewing classes and programs for senior citizens.

The Staff Attitudes

Initially, many members of the professional staff thought that volunteers imposed additional supervisory responsibilities. Some staff members who had been recruited from the neighborhood areas felt volunteers were a threat to their jobs. Others were simply jealous from seeing the volunteers' ability to do a good job. Still others felt that they should assign the volunteer some of their work.

They also objected to the reporting and recording of volunteer donations on time sheets, on a regular basis, as time consuming and asking too much of the volunteer and the staff member. They regarded the requirement of signatures on the time sheets as burdensome. They resented asking the volunteer to go to this trouble, particularly since they were freely giving their time. There was also some distrust on the part of the staff and residents in regard to middle class volunteers. Others felt that the involvement of the Volunteer Service Corps was an intrusion and resisted it, preferring to use their own efforts in recruiting.

Currently the staff has developed a teamwork attitude with the volunteer, readily accepting his new and innovative approaches. The staff now makes every effort to develop new programs for volunteers and to obtain their monthly monetary volunteer quota for their areas. They are proud to arrange for activities for their volunteers and present certificates in appreciation of the work that they have contributed.

Role, Models, and Functions

There are a variety of activities for volunteers who serve the disadvantaged citizen, also for disadvantaged citizens who are to serve as volunteers to help others. Volunteers work directly with the

residents in planning, developing, conducting, and evaluating programs. Our resident volunteers serve in many areas. They serve on credit union committees, education committees, advisory councils, and policy making boards, and as tutors and chaperons. They also plan programs that will increase their effectiveness.

The Community Action Agency and its volunteers have placed priorities upon: (1) education - remedial and high school equivalency, (2) employment development - teaching new skills and upgrading old skills, and (3) economic development. This last item is the key to progress for the disadvantaged, a vehicle for increasing the capacity of the poor to become self-sufficient.

The poor have had little or no experience in running a business of their own, nor an organization involved in group enterprises, such as cooperatives or corporations. Neither do they have the know-how of interacting with other people in a group. To achieve productivity, they need to learn new skills or upgrade those that they already have. Here volunteers can provide intensive training and technical advice. Our volunteer programs have contributed toward broadening business in the community and have created a better-trained labor force.

There are some principles to be kept in mind as programs are innovated to obtain effective results in economic development. One principle is that programs for the disadvantaged need to be geared toward their specific needs in their local communities. It is also important to develop programs that will provide realistic work opportunities, to include the skills that labor and industry will need, and to upgrade the training for jobs involving the disadvantaged.

Volunteer Activities

Our projects include establishment of a laundromat, service station, minibus service for the elderly and sick, credit unions, and a sewing project for teenage girls. Low income families in the projects have also banded together to establish egg co-ops. Through their good management of all steps in the process of marketing eggs, these co-ops are effectively keeping down the price of this staple food item.

Volunteers teach dramatics, swimming, arts and crafts, singing, and dancing.

Residents establish committees to work on urban renewal

projects and rat eradication projects. They serve as aides in the summer lunch program, as teacher aides in day care and summer Head Start programs, as librarians in center libraries, and as health aides in our Health Start program and comprehensive medical center. They also serve as interviewers, as trainers and on the speaker's committee, and as lawyers in our Legal Aid Services.

A young lady, a secretary from the Social Security Administration, was recruited to instruct a group of inner city teenagers in a sewing project. This request came from members of this teenage group. After six months the girls participated in a fashion show during a lunch hour at Social Security headquarters, modeling the clothes that they had made under the instructor's guidance. They repeated the fashion show at some of the nursing homes in various neighborhood areas. The fashion shows had a two-pronged aim: (1) to instruct the girls on how to make clothes, and (2) to demonstrate how high-style fashions can be made inexpensively. Several girls obtained jobs in factories as a result of what they learned in this project.

Students from Johns Hopkins University and Morgan State College also provide tutoring services to 400 youngsters on the two campuses on Saturdays. Many neighborhood youths serve as tutors in their own areas.

A day nursery has been established in one of our East Baltimore Centers. This was started by the Baltimore Hebrew Congregation, which trained one of the residents to direct the center. It withdrew its day-to-day involvement, is now simply paying the director and serving on the advisory board.

As I pointed out, in economic development projects, volunteers have provided training and technical assistance to our youth in the neighborhood areas. As a result, our current projects in which the youth are involved are: a laundromat, egg co-op, food co-ops, boutiques, two grocery stores, and a Citgo service station.

The Citgo corporation provided training and technical assistance to the young residents in the Cherry Hill areas. They rent the station for one dollar a year. Several of the corporation's volunteers continue to serve as consultants and some are on the advisory board. Currently the station is pumping 22,000 gallons of gas per month.

The area residents have been able to obtain a minibus that provides services for the elderly and transports residents to

hospitals.

The Community Action Agency organized a group of inner city residents, who incorporated and are now working on their own. This group is known as Project Survival. They are now in the process of submitting a proposal through our city planning department, for a multi-purpose center. This group has also set up a printing business. Volunteers have provided their expert help in planning the project and teaching the group the printing business.

One group of resident volunteers initially formed a savings club, where they could save as little as 25 cents weekly. One resident got the idea of starting a credit union. The proposal was brought to the program development committee. Volunteers and staff were sent for training and a credit union was born. Today, we boast of seven non-profit credit unions that have been chartered by the federal government. These provide for savings, loans, food stamps, and financial counseling. The cost is 25 cents with an application and each member is requested to save towards at least one share — $5.00. Residents have been able to obtain loans at a reasonable rate. As they pay off their loans, good credit is established and many of the residents decide to open a savings account. Volunteers have given leadership, help, and strength for this program. Today, the credit centers have assets of $372,000 with 10,053 members.

The Epsilon Chapter of the Alpha Kappa Alpha was recruited to assume sponsorship of a project for the elderly poor. The purpose of this project was to involve the elderly poor in a social action capacity. This was not a band-aid program but one to involve the elderly poor themselves to constructively effect positive change within community systems that affected their lives. The sorority accepted this challenge and began with 90 members. They named the project SAGA - Security and Action for Golden Agers. By the way, "elderly" starts at 55 years of age. Today the project has 2,500 volunteers; 47 of the staff of 58 are elderly. These persons were originally volunteers who were trained.

The program now has six components involving the elderly:

1. Community Services - visits to homes, hospitals, and institutions.
2. Community organization.
3. Employment and skill training.
4. Basic education.

5. General center components
6. Senior day care.

Our Policy Advisory Committee organized a group of citizens for voter education and registration. The purpose is to teach the inner city residents about their voting rights and responsibilities so that they can learn to participate in the democratic process in the city, state, and county. A proposal was submitted to the Board of Supervisors of Elections for the utilization of volunteers as registrants, particularly among the poor and black residents where there had been low voter turn-outs. The proposal also included the utilization of our Neighborhood Centers as supplemental registration sites. After much deliberation, the board accepted the proposal. Two hundred volunteers were trained and deputized and 12 of our Neighborhood Centers were used as registration sites. As a result of our assistance, 30,000 persons were registered. This was the first time in the history of Baltimore City that such a massive number was registered.

Another outstanding effort of the Policy Advisory Committee is the initiation of Volunteer Services Week in which all hospitals, institutions, and agencies are asked to salute their volunteers. At the Committee's request, the governor and mayor proclaimed the week of February 14 - 20, 1972, for this event. The theme for this occasion is "Valentines to Volunteers". Certificates are issued from the Volunteer Services Division to those volunteers whose names are submitted by the centers and Delegate Agencies. Formal and informal affairs are planned by these groups, and the volunteer staff members participate and receive certificates. Others are presented during Advisory Council Meetings, still others at more elaborate affairs, such as luncheons and dinners.

Another program planned by the committee is the income tax assistance program. Arrangements were made with the local Internal Revenue Service to provide training to resident volunteers on methods and elements of tax laws that would apply to the average low income worker. A two-day institute is now held annually for this training. This service is given free of charge to the residents of the target areas.

Attitude of the Volunteer

Most indigenous people have been concerned about their living situations, but they have not been approached as to how they

might bring about changes. Each of our programs respects them as persons and values what they have to offer. Thus the indigenous volunteer may for the first time feel that he has status in the community.

Volunteers and professional workers each bring something different to their jobs because their living situations have been different. The indigenous volunteer knows the life style of low income families and can identify with some of the problems they have to deal with in the specific area of housing, education, health and employment. The complex problems found among many families are outside the experience of many professional workers.

The indigenous volunteer provides a different kind of approach from the professional. The fact that some volunteers know poverty and have been on the receiving end of public assistance, makes it possible for them to communicate easily with each other and share helpful suggestions based on their own experiences. However, they must be responsible to an administrative person who provides supervision. In other words there must be teamwork between the professionals and the volunteers.

Community Attitudes

The community, from seeing in action what volunteers are doing to meet unmet needs, has gained a more positive acceptance of the program. Volunteers come with a readiness to get into action. They are ready to communicate in a friendly manner with the clients. They tend to show emotions spontaneously and to be quite direct in their approach to the problems they meet. Instead of telling a mother to shop more economically, they will take her shopping to demonstrate what they were talking about. They are able to share their own experiences. This gives them a common ground upon which to establish a quick and trusting relationship.

Recruitment

Our emphasis is to recruit volunteers among the residents and to use groups as volunteers in an effort to provide a variety of services in response to area residents' needs.

These volunteers are active on credit union committees, education committees, advisory groups, and as tutors, chaperons, job consultants, and in a variety of other ways. Their participation in tutorial projects, day care projects, co-operatives, and other

business enterprises has been a tremendous success. They provide leadership training and are creative and innovative in establishing programs that they feel will help each other. They also recruit among their personal friends and relatives. It is rewarding to note that the larger portion of our volunteers are residents in the target areas. They found strength in banding together and greater opportunities to become more involved in improving their situations with each other's help.

The group recruitment is also very successful. This enabled a large number of volunteers to provide a variety of services to our area residents. This has been accomplished through the "adoption" of centers.

Our first priority in recruitment is given to Neighborhood Centers and second priority given to Delegate Agencies. The Volunteer Service Corps provided the basic information, philosophy, and procedures to enable the Delegate Agencies to recruit on their own for their programs.

Recruitment is a continuous process involving a variety of techniques. Community awareness and understanding of our program have been achieved through newspaper articles, advertisements, and pictures of our volunteers at work in all of our local newspapers. We also distributed flyers and brochures that were compiled by the Volunteer Service Corps. We are indebted to our local radio and T.V. stations for spot announcements, featurettes, talk shows, and panel discussions about our program.

Our biggest recruiting efforts have been through speaking engagements and panel discussion. We have appealed to all kinds of individuals from 13 years of age to retired individuals — young adults, middle aged, married, and single. We solicited persons from all races and religions and with various levels of education. We appealed to businesses, schools, college groups, governmental agencies, churches and church organizations, neighborhood councils, committees, and clubs.

We recruit volunteers from all socio-economic groups. Although we want persons with skills, trades, or professions, our volunteers do not need to have a special level of education. Our program involves church, civic, social, business and educational groups, housewives, clerks, accountants, seamstresses, carpenters, and cooks.

Application Process

The first step in our procedure for volunteers is an application form developed in the Corps, which is similar to applications used by persons applying for a new job. The primary purpose of the application form was to indicate the professional status of the volunteer job and to acquire essential information about prospective volunteers — as persons willing to share their talent and skill, and their availability to perform a volunteer job - on a consistent basis. A release form is attached for the purpose of releasing the mayor and City Council from any claim or liability. There is also provision for signed permission by parents or guardians for minors 18 years of age or under. A request for references is also a part of the application process. General identifying information and a spell-out of special training, hobbies, and special interest are also request. Each volunteer is required to complete an application whether he plans to work in his immediate neighborhood or not.

Interview

Each volunteer is interviewed. This is basically a friendly, person-to-person talk to provide an opportunity to communicate with the prospective volunteer, to find out the reasons for volunteering, to assess the qualifications, and to emphasize the agency's interest in him. It also gives him an opportunity to express his interests, ideas, and hobbies and to learn how creativity and innovativeness can be a part of what he has to share. He is informed of the general program and goals of the CAA as they relate to his specific interest. At this time, too, there is a discussion of available assignments and an orientation session, including information about volunteer supervision. A handbook that describes the history of the agency and Neighborhood Centers goes to new volunteers.

As the program began, a group of social workers from the Department of Social Services was recruited and trained for interviewing and given guidelines for interviewing other volunteers.

These social workers trained area residents who were interested in serving as volunteer interviewers and also each of the center administrative staff members. There were instances when resident volunteers felt that they could not visit the main office.

Training

All volunteers must attend an orientation session. These are held on an average of once a month. Some sessions are held at our

main office and some are held in various Neighborhood Centers. This training is given by a member of the Volunteer Service staff.

These sessions acquaint the volunteer, in more detail, with the agency's programs, goals, organizational problems, the agency's responsibility to the volunteer, and the volunteers' responsibility to the agency. In addition, the purpose and goals of the corps are discussed with the volunteer. The session also serves to enable volunteers to acquire an awareness of the persons with whom they will be sharing their skills, as well as a knowledge of the community in which they will be working. This helps them to develop a better insight as to how they can work with each other, and also to learn of some possible initial attitudes of the poor toward volunteers, particularly the middle class volunteer. Included in this training are staff members from our Neighborhood Centers and Delegate Agencies and volunteers who are already working on the job. They discuss the specific jobs as well as their experiences.

What has been most effective in each of our orientation sessions is the greeting from our executive director or our associate director. Volunteers already serving carry a good portion of the sessions by relating their experiences, both positive and negative. During this time also, each volunteer is given a packet which includes a brief history and highlights of the program, a handbook on the services, and a listing of jobs available.

Assistance is also obtained from experts in the fields of interest and programs requested by the residents. In turn, residents train other groups. For example, voter registration training was given to 200 of our residents, who in turn taught other groups. This was also true of training for managing grocery stores, boutiques, and egg co-ops, for work on income tax and health problems, and in other volunteer areas.

Followup training sessions are held for volunteers to give them an opportunity to express their ideas, likes, or dislikes and to review and learn more about their specific volunteer job.

Staff Training

Periodic training sessions are planned for staff members. These sessions are generally coordinated with the training specialist and a portion of the program is provided by the volunteer services director. This involves teaching new procedures in the volunteer program, leadership training, reviewing and analyzing existent

procedures, continuous planning for the use of resident and community-wide volunteers, and methods and techniques in recruitment.

Placement

Specific volunteer job opportunities in our Neighborhood Centers and Delegate Agencies are developed by the area residents with the assistance of neighborhood staff and Volunteer Service Corps supervisor. The job must serve as a meaningful part of the center's program. The volunteers, too, must feel that their services are really needed and that the job opportunity represents a useful contribution. Each individual center presents to the corps its programs for utilization of volunteers, a program usually developed by area residents as part of the overall program. The volunteers are placed in the center or delegate agency and receive supervision on the job from the counselor or the director of the program.

In further recognition of the personal services donated by our volunteers, the federal government has provided hourly rates for the purpose of computing the non-federal share of our federal grant money. In other words, this cuts down on the 20 percent matching fund that the city provides, thus decreasing the cash outlay of the Baltimore taxpayers. Individuals giving services, such as chaperons and members of advisory groups, are valued at $1.60 per hour. Other hourly rates are $3.50 for dressmaker, $3 for bookkeepers, $3 for tutors, and $6 for secondary teachers.

During our last fiscal year the grand total of volunteer services contributed in the Neighborhood Centers was $329,201.32. This represented 65,907 volunteer hours and 4,002 volunteers. The total amount recorded for our Delegate Agencies during the last fiscal year was a grand total of $388,863.24. This amount included 4,224 volunteers rendering a total of 183,895 hours.

In view of this, an orderly reporting system has been devised for accurate collection of data, recording value of services, and number of volunteers, reporting kinds of volunteer jobs, and assigning monetary value to personal volunteer services and other in-kind contributions.

A form has been devised to record identifying information such as name, address, volunteer on the job, regular employment, and documentation by volunteer's signature. Another form has been designed to be used for reporting other in-kind donations, such as

gifts and space, and a voucher is signed by the donor for the purpose of substantiating the contribution. Monthly reports of volunteer contribution of each center are distributed.

I need to say here, however, that the monetary valuation of our volunteers is not used simply to balance our budget. Utilizing volunteer talent is an essential part of our agency's operation to enhance the program in order for it to be a productive and effective one.

Community Services

Community services embraces both community development and community organization, having the main purpose of building stronger communities for the future. Therefore, as we look at community services, we simply define this as a way of giving one's self as one human being to another.

When we think of volunteers in community service, we are concerned with all efforts to stimulate the citizen's interest and secure cooperation and support of programs in the health department, public schools, recreational centers, and educational services. The realization is that volunteers are the community.

The youth of today are the adults of tomorrow. Volunteering enables them to become good citizens as you would want them to be good secretaries, good doctors, or good teachers. Their responsible involvement with real problems of citizenship and our society can be integrated with their studies and discussion. Intense efforts are being made to provide services to youth, particularly in the disadvantaged areas, and to expand direct services of youth as volunteers throughout the city and state. Youth must be given help to become more aware of our society's needs. When this is done, they can better help to identify problems, work with them in a constructive way, as well as translate ideas into creative jobs when helping each other.

Citizen participation is essential if community problems are to be resolved. Together, we will effectively change the lives of all citizens - rich or poor, black or white, old or young. This does not mean that you are expected to be your brother's keeper. In this day of seeking self-respect and dignity, what we need to seek is to really be our brother's brother, not to do for him but to do with him. We need to help him solve his problems from our own experience so that he can learn the hurdles and move into the mainstream of

society. The new concept and varied services have brought in new kinds of volunteers - those of low income groups, the disadvantaged citizen, and the black citizen. These groups have been overlooked in the past. They have become involved in a different way in sharing their skill, experience, and talent. The black volunteer has helped our brothers in the ghettos want to better themselves. All that is needed is someone to become genuinely interested in and attuned to their problems.

The black volunteer plays an important role in the black community. He emphasizes that we are concerned about each other in our community. He provides a positive image to the black child to help him know the professions and trades that we are in. He offers an alternative to the "hustler" image that has prevailed in many of the inner city areas. He provides the black community with a pool of skills to draw upon.

There must be a continuous development of new approaches to coordinate volunteer programs. This is necessary to achieve the most effective use of volunteer manpower. Administrators and volunteer supervisors must be constantly aware of the contribution of the volunteer to the public's understanding. They must also help the volunteer to feel that he is a part of the program and is accepted. Volunteers need to feel that they are a part of the action. Isolated programs must begin to move into the community. Remember, the consumers serve as a great resource to any program. Many of the decisions made in your program can be made by consumers.

Volunteer service in any agency, hospital, or institution is one of the most worthy and rewarding programs conceived by mankind. It has raised the hopes of the ghetto dwellers to a stage of making life worthwhile for them. It revives one's faith in humanity.

The portrait of the personality of our indigenous volunteer program is not yet finished. We have much work ahead of us. Many more brush strokes are needed before the painting truly becomes a completed portrait. When the portrait is completed, we will have helped people who need people. The impossible dream will have been achieved because then and only then will each of our brothers and sisters have a passport to equality.

Group Session Summary: VOCATIONAL REHABILITATION

Leader: William Bean
Recorder: Marvin Arffa

Administrators usually tend to plan and think ahead, trying to adjust current experiences into future expectations. This conference and the opportunity to meet in small discussion groups has challenged us to articulate our objectives and predictions in relation to the creative use of volunteers in state agency programs. We have begun a process through which we can develop a more dynamic rehabilitation and social welfare system for the future, a system linked to need rather than to tradition.

Our group, focused on vocational rehabilitation, recognized from the outset that volunteerism represents a category of human activity that can be so varied that it often defies adequate description. From the administrative bridge, a broad view must be taken.

Perhaps one of the most important and difficult tasks in rehabilitation is the challenge of coordinating services. We work with one client and he cannot be divided into several parts. We are intent on providing him with a comprehensive plan for his rehabilitation and we make every attempt to be sure that he gets the services needed to carry out his plan. The participation of volunteers can help us enhance this process.

In reality, the current system within which we work is not adequate to meet the needs that exist. The system is overworked. We are faced with a difficult situation in which there is either a lack of resources to hire trained personnel or a lack of trained personnel to hire even if the resources are available. The group was concerned with the overall adjustment of clients — a concern for the total lifespace needs of the client and how the volunteer can intervene on his behalf. The limitations of existing agency functions

were recognized and the group focused on the ways in which volunteers can supplement or augment those functions. Indeed, we have been told that individual citizens have virtually demanded the right to assist us in the solution to these problems. The big question is: How can we help them to assist us?

In considering the course of discussion, it was decided to rule out the specific applications of volunteer to rehabilitation facilities, *per se,* and to focus on state agency operations. Even then, it became apparent that there was a need to discriminate those roles of volunteers which are direct services to particular clients and those which are essentially management roles, i.e., those that "grease the wheels" so that the direct services are delivered more effectively. In light of this realization, the group considered certain categories for discussion purposes. This classification included (1) type of volunteer activity, (2) time commitments, and (3) areas of activity within the state office setting.

Types of volunteer activity include (a) *one-to-one relationships,* whereby individual volunteers are assigned to particular clients. Clients with psycho-social disabilities or those who are isolated, for example, seem to benefit from selective attention; (b) *group-service activities* when a group of people get together to provide a service to a group of clients, e.g., recreational outings, adult education programs; (c) *individual-anonymous activity* where work does not necessarily relate directly to a specific client, i.e., the client is removed as a direct beneficiary of the service; and (d) *group-anonymous activity* when a group gets together to provide such administrative support as stuffing envelopes, an activity not related to client service.

Time-frame commitments include (a) *one-shot activities,* which occur at one time within a designated period during which a service may be delivered; (b) *intermittent assignments,* which may occur periodically but not on a regularly scheduled basis; (c) *regularly scheduled activities* in which the volunteer is held responsible for so many hours a week, similar to that expected of a part-time employee, or in situations where a person is "on call" when needed.

Areas of volunteer activity within the state agency office may include the following functions (not exhaustive): (a) screening of applicants, (b) diagnosis and evaluation, (c) physical restoration, (d) training, (e) placement, (f) counseling, (g) supportive relation-

ships for client and family, and (g) environmental adjustment.

Some of these areas were discussed in terms of their viability for volunteer performance. Screening was considered as both screening-in and screening-out. Casefinding activity, for example, would include surveys of both inner city and isolated rural areas through door-to-door surveys on a one-shot basis, or continual ad hoc contacts with volunteers who might be informants for the benefit of potential clients. On the other side of the same coin, volunteers can help screen out those persons whose intentions for immediate rehabilitation services may be dubious. Activity which includes making phone calls and routine personal contacts could save enormous amounts of counselor time.

A good deal of discussion centered on the area of environmental adjustment. Transportation as a major problem for rehabilitation agencies might be alleviated by having volunteers assist clients in keeping necessary appointments and also in providing transport to and from work situations. In addition to travel assistance, the use of volunteers in mobility training for the blind and in homebound programs was explored. Questions of legal constraints were raised but it was generally felt that they could be worked through satisfactorily. The group also discussed the use of volunteers living in the community who have special skills and who might be called upon, e.g., engineers who can devise custom-made prosthetic systems, or retired artisans who might contribute their skills in various ways. The notion of using volunteers to guide clients into more effective utilization of existing resources in their own communities was stimulating.

Much discussion focused on placement activities. It was thought that volunteers could be useful in both (1) finding employment for clients, and (2) maintaining employment once it began. Special interest was shown in the idea of finding and involving local businessmen and other employers who could give the placement process a more individualized and humanizing dimension. The possibility of having persons to "follow-along" with clients as well as follow-up on them seemed intriguing.

In considering the area of counseling and supportive relationships it was suggested that selected volunteers can learn to deal with off-hours problems when staff is generally not available. A crisis-center program could be developed for 24-hour coverage. Other kinds of programs for clients who don't really need the ser-

vices of a facility but who need such opportunities as sex education or weight-reduction classes might be started. Families can be supported to help them deal with the transitional crisis inherent in recovering from certain disabilities.

In addition to the topics mentioned thus far, the group also touched upon the importance of volunteers in consumer education, public information, and as lobbyists for appropriate legislation.

The group tried to deal with some of the real administrative problems that must be considered as volunteer programs in state agencies become established. The most obvious issue raised was the problem of committing resources to volunteer programs. The important function of a person to administer a volunteer program and the necessity for having a full-time paid coordinator of volunteer services was underscored. However, it was recognized that there will have to be a willingness to reorder certain priorities in order to establish such a position. Despite the apparent problems and being fully cognizant of the initial resistances that may occur, the group agreed that volunteer programs should be started with existing resources using minimal technical assets, just to get started.

The role of the existing in-service training mechanism within vocational rehabilitation agencies was considered as a viable way to educate the current staff about volunteerism within the current structure. As a focus for in-service education, the issue of using volunteers may, it was suggested, help staff members review their charge in serving clients rather than maintain traditional and outmoded procedures.

The group felt that although the development of a volunteer program may cost both time and money at the outset, the eventual evolution of management practice will include the concept of volunteers as an integral part of the staff. Today's volunteer movement consists not only of those from the upper and middle classes, rather it encourages the participation of all people. As part of the total movement, local and federal governmental installations are promoting and supporting these programs. The professional person is hopefully feeling less threatened by, and more positive about, the value and worth of volunteer efforts.

These efforts stem from the very roots of our communities and reflect the inherent beliefs of a democratic society. The efforts

should be channeled rather than inhibited. They should be guided, not left undirected. They should be integrated into the mainstream rather than isolated, for there is much that can be accomplished by this groundswell of enthusiasm. Despite the enthusiasm, someone in the group cautioned, volunteers should not be viewed as a panacea and we must exhibit healthy skepticism. Our group, in general, resolved to guide, channel, and integrate this valuable reservoir of talent from the community into the total rehabilitation agency program.

Now our question must be: How far can we go and in what direction? Volunteers can provide service at many diverse levels of organization and it is important to underscore that they serve to bring the community into the rehabilitation process in a way that no other method has yet been able to do. As we contemplate projected plans for the delivery of rehabilitation services, it becomes apparent that volunteers must play an intimate part in our planning. The community is being asked by planners as well as legislation to enlarge its awareness of needs and to establish a leadership role as a partner in the planning process.

We need more than memos from the White House encouraging voluntary action. Certainly federal, state, and municipal employees should begin to expect that they will be asked to work with volunteers. But, in order to get these people out we must be strong in our conviction that volunteers do perform useful service and in the long run the public interest will be repaid many times over.

Group Session Summary: PUBLIC WELFARE

Leader: Helga Roth
Recorder: Richard E. Dewey

Because of its composition and charge, this group confined itself to a consideration of the utilization of volunteers within the social welfare field. It further limited its deliberations to those broad stroked measures needed to create the proper institutional environment for volunteers rather than assuming, as was suggested by the conference material, a how-to approach to volunteer programming.

At one point these self-imposed constraints were abrogated: The group recommended that those responsible for the utilization of volunteers in vocational rehabilitation programs design and promote the needed legislative authorization for such programs. This legislation should be similar to the 1967 Harris Amendment to the Social Security Act, which provides the authority for volunteer programs in social welfare.

In recording the proceedings of this group, no attempt is made to arrange the topics discussed in any more orderly sequence than that in which they arose. Nor is there any attempt to weigh or evaluate the various topics. It will be seen, however, that the final and only recommendation of this group was to create a position paper for presentation to SRS officials. In that position paper — a companion document to this report — the same material is weighed, evaluated, and rearranged to make a more logically convincing statement.

The first point discussed, and returned to often, was the need for appointment of an Associate Commissioner for Volunteer Services in each of the ten HEW Regions. This ought to be a full-time responsibility and not an add-on function, as is presently the case. The Associate Commissioner would have the primary task of encouraging compliance with the provisions of the Harris Amendment in the states under his jurisdiction. In addition, it was urged that

volunteer programs be begun in the regional offices by way of example to the states.

It was then suggested that since fewer and fewer merit system employees are available to deliver more and more services to clients, then the only answer is a greater use of volunteers as deliverers of services. If that is true, then the economics of the situation require the filling of paid coordinator positions in the 3,200 counties of this country, as well as at the state and regional levels. The group felt that more federal money should be available for these positions and that the government's present portion of 75% should be increased to 90% . It was also felt that none of these positions should be set at less than a supervisory level.

It was emphasized that each Coordinator of Volunteer Services should have an advisory board to assist him in program planning and evaluation. These board members become advocates to the community for social welfare programs and legislative support.

There was strong feeling that a suitable and effective administrative structure for volunteer programs be established at federal, regional, state, and local levels. That done, the provision of training at all levels becomes the second priority — training of supervisory staff as well as volunteers.

This need for training was also felt to be important at the undergraduate and graduate levels of higher education. More must be done to encourage future administrators to be more receptive to the benefits of utilization of volunteers.

Another topic of importance to the group was evaluation. It was felt that adequate means of evaluating volunteer programs had not yet been devised and that new methodologies should be tried and encouraged. A proper evaluation system includes a thorough reporting mechanism providing the data base for establishing the cost effectiveness of voluntary programs. Once the value of using volunteers is established, it is easy to show the need for staff expansion in the coordination and supervision of volunteer programs. An agency which makes effective use of volunteers has a stronger argument for additional staffing.

Some time was given to discussion of the need to involve the recipients of services as volunteers. Client volunteers bring an added benefit to service delivery. In addition, providing volunteer positions to clients permits them to gain experience which can lead to later employment. Such service also permits the client to feel

greater dignity as a recipient of maintenance. These volunteer slots should go beyond the usual advisory committee assignments. But with the use of client volunteers there is an even greater need to provide out-of-pocket expenses.

Other subjects touched upon included the following:

- More attention needs to be given to educating social welfare administrators at all levels to the advantages of volunteer usage. This must include a frank presentation of the pros and cons, the costs and savings, and the trade-offs involved. This task should fall to the Regional Associate Commissioner for Volunteer Services.
- The welfare administration in Michigan has told each of its counties that until they develop volunteer components they are in violation of federal guidelines and hence are jeopardizing all federal funds for all welfare programs.
- One of the obstacles to the acceptance of welfare policies is public prejudice against recipients and social workers. Volunteers are the best mechanism for overcoming these stereotypes as they carry their experiences back into their communities.

This group finished its deliberations by agreeing to work as a group in the development of a position paper to be presented to key HEW administrators. This paper, would, in essence, be a model for the full implementation of the provisions of the Harris Amendment and would suggest needed federal regulations. The paper follows:

Recommendations for Full Implementation of the Harris Amendment to the Social Security Act

Those who have drafted this position paper have done so out of professional and personal concern for the effective delivery of social services. They have all been participants in a recent conference in Washington dealing with the improvement of volunteer utilization in federally funded social welfare and vocational rehabilitation programs. This paper is the result of deliberations at that meeting.

Our concern focuses on the fact that three years after the date set

for full implementation of the Harris Amendment provisions*, so little has really gone forward, despite the great emphasis which the present administration has placed on the utilization of the voluntary sector in the distribution of human services. This administration's public attitude has been most encouraging to those of us who work with the great volunteer resources of this country. But now the time is overdue for these pronouncements to bear fruit in action. The action we are here suggesting is the full implementation of the letter and spirit of the Harris Amendment to the Social Security Act.

By no means do we attribute inattention to the Harris Amendment mandate entirely to the federal structure. We are fully aware of how low a priority this implementation has at the state and local levels. However, we feel that should SRS take the positive steps we have outlined below, much could be accomplished in implementation at the state level.

1. We feel that the states will be encouraged to give voluntarism a higher priority by the federal appointment of an Associate Commissioner for Volunteer Services in each of the ten regional offices. At present this function is an add-on responsibility of the usually over-burdened training specialist or his assistant. Hence, volunteer programs have not had enough attention. People in these new positions must have the authority that the Associate Commissioner designation provides, must be especially well qualified and trained for this assignment, and should take as their primary task the encouragement and monitoring of state implementation of the Harris mandate. The person in federal position coordinating these ten positions should report directly to the Administrator of SRS. These changes will require a rewording of federal regulations to clarify that these positions are to be full-time positions and are to be "on line" with the positions of highest authority.

2. We urge that the Administrator of SRS and the Associate Regional Commissioners for Volunteer Services interpret present policies to the state structures in such a way as to clearly indicate the jeopardy those states place upon the receipt of service funds when they fail to fully implement the letter and spirit of the Harris

*The Harris Amendment, Section 402(a), of the Social Security Act reads as follows: "A State plan for aid and services to needy families with children must. . .(5) provide. . .(B) for the training and effective use of paid subprofessional staff with particular emphasis on the full-time or part-time employment of recipients and other persons of low income, as community aides, in the administration of the plan and for the use of nonpaid or partially paid volunteers in a social service volunteer program in providing services to applicants and recipients and in assisting any advisory committees established by the state agency."

Amendment provisions.

3. Pursuant to points one and two above, we urge that federal guidelines be drawn up which clearly indicate that a full-time state Director of Volunteer Services be appointed who reports directly to the chief social welfare officer in each state. Present guidelines do not incorporate these important staffing concepts. We further urge that this and all pertinent guidelines be widely distributed and made available to the public.

4. We ask that new federal regulations and guidelines be written advising states to appoint or encourage the appointment of a full time Coordinator of Volunteer Services in as many local jurisdictions as feasible. We strongly recommend that none of these positions be filled on a part-time, add-on, or unsalaried basis. Each county-level coordinator should have at least supervisory status and should be directly responsible to the director of the county or city welfare agency. Regional Associate Commissioners for Volunteer Services should work closely with state personnel officers in developing adequate specifications for these positions.

5. In order to encourage state compliance with points three and four above, we recommend that the present federal level of support for state and local volunteer services positions be increased from 75% to 90%. The full utilization of community and client volunteers in the delivery of social services is so critical to the future welfare administration in this country that such a support level exception is fully justified. The 90% level does not deny the importance of state financial commitment to the volunteer structure, but serves to emphasize and facilitate the priority states are expected to assign to these positions.

6. We recommend the cooperative development among the federal, regional, state, and local programs of adequate systems of evaluation for volunteer services. It is critical that the entire system build a thorough data base from which can be derived the cost benefit arguments that will foster the growth of volunteer services in social welfare. This evaluation mechanism should not only account for volunteer time, usage, and effect, but should account for staff time spent in supervision and training of volunteers. The volunteer structure will always exist at the whim of legislators and administrators until it can justify its benefits with reliable data. We consider volunteer services to be part of the service delivery system. As such, they should be reported and counted for federal reim-

bursement on the same basis as services given by case workers.

7. We urge the development of federal regulations calling for the use of advisory boards for volunteer services at regional, state, and local levels. This community involvement is essential to the proper public interpretation of, and community support for, welfare programs. We urge this especially in light of current legislation which relieves states of the mandate to establish such citizens' boards.

8. We suggest that the glue which holds all these efforts together is staff training. We urge a federal emphasis on the training of all professional social welfare positions dealing with volunteers and advisory committees. This training should include the training of administrators at all levels, of local supervisory staff, and of coordinators of volunteers. We further recommend that schools of social work holding formula grants from state agencies for the training of social welfare personnel be required to include courses of study and field placements in volunteer administration.

9. We urge that there be a much greater emphasis on communication among federal, regional, state, and local units of social welfare relative to the utilization of volunteers and community resources. We encourage, in partial compensation for this present lack, the holding of regular national or regional conferences for the exchange of information and the encouragement of growth in this program.

10. Emphasizing the urgent necessity of fully involving volunteers as partners in the social services teams, we further recommend that the Secretary of Health, Education, and Welfare initiate legislative action similar to the Harris Amendment (as herein strengthened) applicable to vocational rehabilitation services. We are certain that no adequate voluntary network of support will be built within federal, regional, state, and local vocational rehabilitation programs until such legislative authority is enacted.

NEW DIRECTIONS IN VOLUNTEERISM

Harriet Naylor

It's symptomatic of the world today that the paper I submitted in advance for this conference is already almost obsolete. Things I have learned since I wrote it have to be added because you wanted me to look to the future, not, as Marshall McLuhan describes the printed page, into a rear view mirror.

I am going to dream a bit with you about the potential for volunteers in the human services. Change is creating a level of anxiety which may be a block to real progress if we don't manage it well. A cartoon in the Saturday Review shows a man waking up in the morning to the television screen: not Frank McGee but St. Peter says, "Good morning. While you were asleep, the world as you knew it has ceased to exist." I think that we are all feeling that way!

Up in the North country, every time I venture forth, I learn about possibilities I would like to share. The volunteer approach to human services is the hope of the future. Volunteers have a vistion of how things ought to be which we all should share. Some psychiatrists call this a "rescue fantasy." Let's let it be! Strong motivation will create more responsive human services, because it will constantly test them against what really happens to people.

One of the tragedies of our time is that we know technologically so well how to do things, but we so seldom do them that way. The gap between what we know, the very special services that only a few persons get, and the services that most people get, is phenomenal. The average health care in our country is worse than that in many other countries, even though some of our very spectacular breakthroughs in the health field are ahead of everybody. Many services don't reach the people who need them. This is where the volunteer comes in, and why there is a National Center for Voluntary Action with local units, called VACs, to match givers to receivers in need. The gap between the ideal and the real

exists even in local voluntary action centers, but I would remind you that this ideal is in an evolutionary stage, born last October. I hope as time goes on we will develop competencies in staff and volunteer leadership which will bring all people closer to their potential.

We are finding that volunteers are very responsive to needs and persistent in carrying out principles of geographic justice. People living in different places should have equality of opportunity when volunteers are coordinated at a regional or state level. The conference resolution about developing coordinating positions in the HEW regions could play a crucial role in the quality of human services in the future. The volunteers whom the resolution can bring into human services can make things happen!

A result of many factors (some legislative, such as the EOA "maximum feasible participation" clause) is the concept that a broader variety of people ought to have a chance to be active volunteers, but we are still haunted with the stereotypes when we plan training or recruiting or talk about how to manage a volunteer program. We assume that we can put people in a classroom and tell them what to do. Yet most of the new volunteers we are getting are not happy in classroom settings, and will not learn how we used to do it. As an educative experience, we should give them a chance to solve their own problems in their own way. Our educative function becomes one of uncovering resources for them rather than telling them what to do.

I hope, too, as we move along that we will be much more relaxed about what volunteers can do, because the more we trust them to do well, the more effective their service will be. We will find that new team relationships among clients, staff, and volunteers are entirely different from what they were in the days of the closely supervised case aide. A beautiful taxonomy of volunteer roles was identified by Francine Sobey for NIMH. Katherine Healy told us earlier in this conference about the need to classify volunteer functions. This is a terribly important need because it will show us what neglected areas there are, functions to which volunteers could make a valid contribution.

Sobey speaks of *caretaking.* Traditionally we worried about volunteers getting too involved with our clients. Now we are saying the very caring and individualized attention is a strong motivating force toward rehabilitation, so we want them to get more involved.

We don't want to box them in; we want to free them to help persons in meaningful ways. Sobey speaks of *bridging* the volunteer as connective tissue in the community, going with a client into a new service as the last remnant of the old service as he moves from

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If we really believe that people should have as nearly a perfect family life as possible, then we should try to strengthen the family. Sometimes this means giving a family with a burden some time off. A retarded hyperactive child can go for a weekend with another family, which can stand to take the hyperactivity for a few days so that the child's own family can have time free. It may mean that they can then continue to care for that child with periodic respite, "time off."

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crisis care into rehabilitative patterns of care. He has one person who goes with him and represents continuity for him as a person, preventing his being fragmented by the differences in the nature of the services he's getting.

If prevention means really maintaining health, then volunteers have a function in keeping alive the strengths of persons and helping them to develop in special ways, by taking a human approach rather than a therapy approach. Volunteers are happy to leave therapy responsibility to people who are paid to give therapy.

I hope, too, that we will think about the time that the volunteer brings as time to listen. Time is the only commodity distributed to all human beings in equal amounts, and volunteers choose to use

some of theirs in service to their communities. The application of that time is in our hands as administrators. We have responsibility to make sure that it counts, because this is what will hold the volunteer. Sobey's third category offers *social sustenance* in surrogate relationships such as in that of foster grandparents.

Interesting variations of volunteering have tremendous potential for the future. In Scotland there is a town where they have eliminated child abuse by assigning volunteers as foster godparents to take special interest in children who may be in jeopardy, to work with the family and the child about the meaning of human behavior and deep relationships. Another kind of surrogate relationship is a very exciting trend in volunteering which I haven't heard about in this conference, but I can't let you go home without thinking about family volunteering — whole families together!

When I was a volunteer, I went home and apologized to my family for the TV dinners and the family felt "out of it." Now I would take my family with me or we would open our home to an older person or a dependent child or take people who are limited in mobility or resources on our treat trips — for a picnic, to a zoo, or to a special art exhibit or something that the person would otherwise miss. The whole family is involved in building on the concept of respite care first used in the mental retardation field. If we really believe that people should have as nearly a perfect family life as possible, then we should try to strengthen the family. Sometimes this means giving a family with a burden some time off. A retarded hyperactive child can go for a weekend with another family, which can stand to take the hyperactivity for a few days so that the child's own family can have time free. It may mean that they can then continue to care for that child with periodic respite, "time off."

The most moving story I know is about a family which took an 8-year-old who was classified as unable to be taught from a state school for the retarded. She was a charming looking youngster, very endearing, and they took her more and more frequently, beginning last Labor Day weekend. At Christmas time when it was supposed to be for four days, they called, "Can't we keep her for another day or two?"

In that volunteer family were two children who never left the side of the retarded child. When the little girl went back to the state school after her vacation, which lasted until the 4th of

January, she had a vocabulary of 25 words. This was an "unteachable" child. Do you know why she learned? Because the children in that family wouldn't believe that anyone couldn't learn to talk, so they went ahead and taught her!

A favorite volunteer job is assistant to a staff member in any of the allied disciplines in a human service. The case aide serves with a case worker, a person with a hobby or skill works in occupational therapy, whatever. There are very few jobs defined by the Bureau of Labor Statistics (and incidentially the job of volunteer administrator is not even listed) which can't be amplified, reinforced, and enriched by volunteer assistance. Outreach legwork and home finding, for example, give opportunity for professional practice which frees the technically qualified professional person for his diagnostic and prescriptive functions to serve more clients. The volunteer can pick up on practice afterwards, reinforce learning.

Sobey, in her bridging category, may mean to include advocacy, but I would like that as a separate category, because it has potential at every level from the time of intake. When a person comes under care, we assign a volunteer as his ombudsman to help him find the place where he gets service, to insure that he gets appropriate services, that he gets where he ought to be when the place is open. This kind of thing takes much staff time, but often a volunteer could do it. Staff people who are zeroing in on their specialty are alerted to ways in which their services are going to be related to other disciplines and services for the individual client. This is good training for comprehensive health planning, which now requires laymen in the majority. We think in our Voluntary Action centers that participation of the layman in the evaluation process, judging the impact of services on people, is invaluable to keep services relevant and to mobilize resources and support for new services that are needed.

Our group here was talking about the need to involve the top authority in support for volunteer services. But I have found a lot of lip service from top authorities in this world, but not enough real support. Staff members often perceive that real rewards go to the persons who kept volunteers out rather than to those who brought them in. Volunteers are often constrained by very limiting job descriptions and discouraged if they make the slightest attempt to rock the boat. Elizabeth Frier pointed out that the strong administrator doesn't act this way. We should try this approach to

show administrators that they are out of step with the trends of the times if they are not using good volunteer services and building a structure through which volunteers can influence the program development process, the definition of goals and priorities, and delivery patterns for services.

The volunteer of the future is going to be far less concerned with delivery patterns, which are up to the experts to plan as they deploy their staff. The volunteer is going to develop an equally important system, the *receiving* system for human services, making certain that they really meet needs. Delivery patterns can look awfully good on paper, but nothing happens for people.

We have to develop staff competencies, and I think the trend is toward a real career of volunteerism. I would like to say a profession, but I can only say we are on the way, with paid administrators of volunteer programs. Ivan Scheier of the courts field is saying that about 15,000 jobs will be opened in the next few years in courts and corrections. Helga Roth, of the National Center for Voluntary Action Clearinghouse, and I have been trying to document the need for this position in many fields. Volunteers, formerly not encouraged, are now being sought because administrators are caught between increasing consumer demands for better services and budget limitations. The lines between government, voluntary, and private profit-making organizations are blurring. If we really look at human needs, we can pay a lot less attention to auspices and a lot more to the person needing services. The distinction between government and voluntary has been getting even fuzzier with government purchase of services, grants, and fees as support for "private" and voluntary organizations.

What is new, it seems to me, is what Richard Cornuelle is now saying in a sequel to "Reclaiming the American Dream." He has faith in what individuals as volunteers can do, which I wholly agree with. He feels the basic social problem in our society today is the poor planning process for human services. We get hung up about who should do what instead of really looking at what people need. He cited as a practical example a situation involving asphalt. Apparently a private asphalt firm can fill potholes at the rate of $18 a ton and for a municipality to do it, it costs about $60 a ton. How do we decide it is to be done one way or the other? This is a purely tangible, easy-to-evaluate benefit, but let's look at the human services. We see things being measured in terms of salary

level, number of hours, number of staff, hardly ever about what happens to people receiving services. When we plan, how do we decide there's a gap in service? Probably not on the basis of what the consumer is saying nor on the basis of what the volunteer observes.

A lot of service delivery patterns have been planned by people who like their own systems and who are not very innovative about

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When I was a volunteer, I went home and apologized to my family for the TV dinners, and the family felt "out of it." Now I would take my family with me or we would open our home to an older person or a dependent child or take people who are limited in mobility or resources on our treat trips.

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new systems. Therefore, I think one of the great leadership staff needs these days is the ability to tap new talents and to make combinations, the ability to confederate, the ability to work with other persons respecting discrete identities, and to do it on a temporary basis, like Toffler's "ad hocracies." We must make sure that the people who have resources and concern are brought together with the people who understand a need and know how to do something about it. Every discipline may well then carry as a professional responsibility part of their practice for which they are paid, and another part of their practice which is the citizen's obligation to give as a significant contribution to the services of their community.

We know that about 9 out of 10 professionally trained women will reenter the labor market after they have retired to multiply. They come back into a field with a wealth of human understanding from the process of having had small children, having had to simplify their language so that they can communicate bet-

ter. Often we bring them in as entry level volunteers and stick them into non-sensitive jobs rather than tapping this very valuable immediate life experience that they are having. Volunteers need to be individually treated and counselled at every level of competency.

The National Center for Voluntary Action is about to launch a mass media campaign across the United States. It's going to open on July 29, so brace yourselves, and it will build up to a crescendo in January. The mass media campaign promoting volunteering appeals to the new volunteer, the person who didn't know before that he was needed. He will turn up now. How many jobs can you find for volunteers for after five and on weekends? These are likely to be young employed persons who don't get enough human response out of their work at the early stages of professional development or in a job. They seek relationships through volunteering that are denied them in their work. They will be appealed to on the basis of need for their capacity to humanize services, to bring skills, to extend and reinforce scarce professions, and to mobilize community resources in new priorities. From the client's standpoint, he is certainly needed to integrate the services and to respond to a client as a person, not as a "case," a "client" or a "patient."

We could quibble with semantics: who is paid volunteer and who isn't? I will simply remind you there is some resistance to the idea of enabling funding for volunteers, yet expense accounts are part of the American lifestyle. I feel that every volunteer is entitled to an expense account in order to be able to work just as much as paid persons are. I hope that we will get over the idea that this somehow sullies a volunteer's purity. I hope we will free volunteers really to relate to our clients as persons under care, and we won't feel that the minute they begin to get attached we have to transfer them to another case. Maybe that's when they will really break through. It has happened just often enough to keep our rescue fantasy going.

I would like to leave with you a quote I found from the theologian Tielhard de Chardin. I think he is talking about volunteers:

"Someday, after mastering the winds, the waves, the tides and gravity, we shall harness for God the energies of love and then for the second time in the history of the world, man will have discovered fire."

COMMENTARY — ON MRS. NAYLOR'S ADDRESS AND ON THE CONFERENCE IN GENERAL

Stan Levin

It is a difficult assignment to present commentary at the close of this 2 1/2-day dynamic conference, especially in the span of 20 minutes. But let me comment briefly on Mrs. Naylor's address first and then on the entire conference. There is, of course, a close relationship. Further, it must be understood that my remarks are very subjective and reflect personal sentiments.

It can be relatively easy to critique another person's speech. However, it becomes difficult when the speaker is admired as highly as I admire Harriet Naylor. Harriet Naylor has worked with voluntary organizations and volunteer programs for many years. She has written and spoken extensively all over this nation in behalf of promoting and improving voluntary action. Long before many of us began to seriously consider the role of volunteering in relation to social concerns, Harriet Naylor was urging and guiding the development of strong volunteer programs that actually helped solve social problems. She is dedicated to social change, and she is delightful to work with. Perhaps most important of all is her never-ending personal service in volunteer roles. I take this opportunity to salute Harriet Naylor as one of this country's contemporary activits in relation to volunteering.

In a very positive manner, because Harriet Naylor is a very positive person, her paper identifies many specific benefits of volunteering, some of the new forms of volunteering, and several important challenges to leaders of vocational rehabilitation and public welfare agencies. She is to be commended for succinctly performing this valuable service.

Some of Mrs. Naylor's statements need to be carefully examined

and analyzed. There are bound to be differences of opinion concerning certain of her views and their significance for vocational rehabilitation and public welfare. My role at this moment provides me the opportunity to comment on a few points from a personal perspective.

One statement claims that the distinction between the government and voluntary sectors of our society has become less clear. Is this a serious development? Yes, from the standpoint of voluntary agencies and the American concept of voluntarism. There must be some clear way to define the voluntary sector if it is believed that voluntarism should remain a distinctive characteristic of the American way of life. No, insofar as direct service volunteering is concerned. The increase in volunteering within all levels and types of governmental agencies is one of the healthiest developments of recent years. Citizen participation is a philosophical concept the practical application of which should be encouraged throughout all sectors of our society.

Another statement asserts that the volunteer has a unique perspective as neither a provider of service nor a consumer of service. It seems implied that this produces a degree of objectivity that is needed in the processes of planning and priority-setting. However, there can be a stronger case argued for more involvement of consumers as volunteers in plannings, priority-setting, and the provision of service. Mrs. Naylor promotes this type of expanded involvement throughout her paper. One of her own sentences seems to focus quite sharply on this matter: "We must make sure that the people who have resources and concern are brought together with the people who understand a need and know how to do something about it." I'm sure Mrs. Naylor can clarify whatever contradiction may appear to exist.

Finally, there is a proposal by Mrs. Naylor that should receive prompt scrutiny, deliberation, and action. She suggests that every discipline might "carry as a professional responsibility part of their practice for which they are paid, and another part of their practice which is the citizen's obligation to give as a significant contribution to the services of their community." The implications of this statement are far-reaching in terms of professional education and professional standards. It is hoped this idea can receive consideration in the very near future. I reserve my personal reaction pending further review.

When Mrs. Naylor mentioned the gap between what is known and the services most people receive, she was touching the very premise upon which this conference was fostered: Knowledge utilization. It was my privilege to serve on the advisory committee that helped plan this conference. Frankly, I had some doubts about this type of meeting. It could be a result of working with a subject every day, but I wondered why it wouldn't be just as valuable to publish the papers and let people ponder the contents on their own. It is easy to forget that not everyone has access to the same information or the good fortune to occasionally visit with persons who are very knowledgeable about volunteering. It is also easy to become blasé about this type of conference and to minimize the values of assembling persons with different perspectives and experiences. There is great merit in the process of interchange that occurs both formally and informally at this type of gathering. Additional benefits result from the testing of ideas, the questioning of statements, and the development of models or specific actions through joint effort.

One very important feature of this conference is the combining of vocational rehabilitation which is in an early stage of developing volunteer programs with public welfare, which has involved volunteers for years and currently benefits from relatively recent legislation that promotes volunteer participation in social services. The implications of this combination are obvious and have been referred to by previous speakers. However, the advantages of such a combination may be reduced within vocational rehabilitation agencies through resistance to learning from the experience of public welfare agencies. It will indeed be unfortunate if there are leadership obstacles to the potential ripple effect of this conference that can expand volunteering throughout this nation's systems of vocational rehabilitation and public welfare.

This conference did not provide all the answers to every question. Many old questions were posed, and some new issues were introduced. The published proceedings of this conference will provide leaders all over the world with knowledge and information that can generate action. The participants at this conference have spearheaded the kind of motivating force that results from face-to-face discussion, disagreement, and consensus. We all can hope our collaborative efforts will stimulate action that ultimately achieves "maximum feasible volunteerism."

Rather than follow the traditional pattern and wait until the concluding remarks, it seems most appropriate to recognize individuals who are most responsible for the success of this conference and its final products: Ralph Pacinelli, John Davis, Jim Geletka, Chuck Roberts, Nina Dibala, Dorothy Rigdon, and many others. We commend you and thank you all.

A commentary such as this would not be complete without recommendations. Although brevity is not a well-known trait of mine, I offer only four recommendations for future consideration:

1. More research is needed in relation to volunteer service within vocational rehabilitation and public welfare agencies.

2. There should be more cooperation and sharing of experience with volunteer programs between vocational rehabilitation and public welfare agencies.

3. More of us here as conference participants, and our colleagues who are not here, need to become more active as volunteers.

4. Another conference similar to this one should be arranged, but it should involve chiefly clients and volunteers, with only a sprinkling of paid staff people.

It is customary and appropriate for persons who attend meetings such as this to develop concern that is often phrased in the question: Where do we go from here? I won't try to give specific answers, but there are two factors that seem to me to be vital to serious consideration of that question.

One of the factors becomes more evident if we examine other fields of human service that have achieved high levels of development in terms of volunteer programs. The hospitals have been helped by the American Hospital Association and the Veterans Administration. Mental health programs receive guidance from the American Psychiatric Association, the National Association for Mental Health, and the National Institute for Mental Health. Volunteering in courts is being assisted by the National Council on Crime and Delinquency and the National Information Center on Volunteers in Courts. Schools get information and help from the National School Volunteer Program, National Education Association, and the U.S. Office of Education. Public welfare agencies receive guidance and direction from the American Public Welfare Association and the HEW Office for Citizen Participation.

The factor common to these other settings in which volunteering is progressing is LEADERSHIP. National organizations and agencies are promoting and guiding the development of volunteer programs within particular networks for human service.

What about the network of rehabilitation facilities? Some persons urge the passage of legislation similar to the Harris Amendment. This would add impetus and a source for authoritative action. However, my preference is for strong national leadership that emanates from one or more national-level sources. Perhaps IARF would assume this role? Perhaps the National Rehabilitation Association, or maybe the Rehabilitation Services Administration? It could be that several national organizations and federal agencies might promote volunteering in rehabilitation facilities — both separately and cooperatively. Whichever approach does develop, *may it happen very soon!*

The second, and perhaps most important, factor can be illustrated by a short story. One sunny day a pig came running through the farmyard. As the pig passed the chicken coops, one of the chickens asked, "Why are you running so fast and why do you look so serious?" The pig replied, "I just passed the farmhouse and Mrs. Gruen told Mr. Gruen that tomorrow's breakfast would consist of 'ham and eggs'." The chicken looked puzzled and said, "So, what's the big deal?" The pig scowled and his voice cracked with emotion, "Well, you can be calm. For you tomorrow's breakfast menu means only a contribution, for me it means total commitment!"

TOTAL COMMITMENT. Hopefully, that is a product of this conference. If each of us has increased our commitment to volunteering as a result of this conference, then we all will leave here pledged to increase volunteer participation in relation to our agencies, our organizations, our families, and our personal lives.

Thank you for this privilege of commenting on an experience that has been stimulating and rewarding. In addition, it has been pleasant to renew friendships and become acquainted with many cordial and capable persons.

Good luck. Best wishes. Let's keep the momentum of this conference going at full speed.

CONCLUSIONS

The effective use of volunteers will involve the community in a new and creative relationship to the present public programs.

It is believed that a careful selective use of volunteers in a vocational rehabilitation and public welfare partnership can become an important factor in the continuing efforts to aid the reduction of dependency which has become a national priority.

The design for today's rehabilitation programs must deal with the special characteristics of the welfare group including poor health, inadequate education, job failures, meager skills, and social hostility with loss of motivation and hope. Supportive services envisaged in the current practice of voluntarism can add significantly to the traditional welfare/vocational rehabilitation services concerned with such activities as family casework, vocational guidance, training, and placement. Such concerted partnership of the vocational, welfare, and volunteer services are of value not only to the welfare recipients but to the community attacking the serious problems of unemployment and dependency.

The comprehensive social and rehabilitation services to induce self-support through employment cut across the entire community structure in which the volunteer has become an essential manpower and social component. He will aid in the development of a more effective interagency operating pattern by:

1. Helping to identify public assistance recipients who are eligible for vocational rehabilitation.
2. Assisting in providing prompt services for those in both programs.
3. Aiding in augmenting the number of referrals from the welfare agency to vocational rehabilitation.

The ongoing relationship by the state agencies should take full advantage of the fiscal resources developed in removing from the

welfare caseload the disabled who have potential for employment. Essential to this program are staff and program changes in which the innovative utilization of volunteers insures more effective delivery of welfare and vocational rehabilitation services to the disabled dependent.

An integrated action program employing volunteers should provide concise orientation statements setting forth the objective, methods, supervision, and respective responsibilities of the cooperating agencies and the volunteers.

The counseling and planning phases in activating the rehabilitation program require:

1. Assessing the potential of the client for employment.
2. Making the services readily available.
3. Assessing readiness for employment.
4. These conventional objectives may be stimulated and aided by the employment of a specially trained volunteer to provide routine supportive services associated with the foregoing plans.

The selective, trained volunteer can fit into the provisions of casework services such as child care, homemakers service, housing assistance, educational services, family planning, and financial management.

State agencies jointly developing case forms and materials to facilitate case study and case recording should consider the volunteer as a flexible supportive resource to augment these social services.

In periodic joint review of all rehabilitation cases in assessing time, progress, plan modification, and case closures, the utilization of supportive services within the community is imperative. The volunteer can become a viable supportive and assistive resource in assuring continuation of such services as child care, medical care, and other necessary services.

The use of expansion funds for rehabilitating public welfare clients has received strong emphasis in 1972. A sum of $26,360,000 was specifically earmarked to carry out this objective. It is believed that allocation of necessary funds to establish and implement a volunteer program would provide improved services and increase the effectiveness of the regions and states working together to achieve these objectives.

It is recommended that volunteer supportive services be explored

to determine their potential to provide gap-filling services in the community for the developmentally disabled.

Extreme social diversification as shown by life in big city ghettos and rural areas indicates the need for specially adapted programming patterned for application to statewide coverage. In assessing the potential of voluntarism, it is also necessary to consider group readiness as well as the availability of comprehensive agency and community resources.

The joint staff must be carefully oriented to the comprehensive new program concept and to an organized plan for continuing education for the staff engaged in the cooperative program.

In the compilation and analysis of data pertaining to the new joint comprehensive program, not only the needs of the public welfare applicant and recipient should be included but also the existing manpower resource in the community, including the paid and unpaid volunteer.

Specific information as to the volunteer manpower resource of individuals in the community, both skilled and unskilled, professional and nonprofessional, should be made available by the joint agencies to the public welfare applicant and recipients.

The initiation of the cooperative program by the program administrator includes the appointment of an interagency task force to develop the program plan, determine the responsibility for its implementation, the development of information media, in-service training programs, and an evaluation of the program effort. To complement the task force personnel, a volunteer official specially trained in administration should be added as an unbiased community interaction representative.

Volunteer service can become an indispensable asset in the implementation of the New Allied Service Act of 1972, consolidating and coordinating the many diverse programs presently in effect and setting up a new course for the delivery of social services. Since this is basically a people's program, volunteers from all segments of society can play a distinctive role in the partnership program leading directly to a reduction of and prevention of welfare dependency and more dignified and self-sufficient living.

The potential services of volunteers cuts across the entire assistance spectrum in the community, at present administered by some two hundred different programs. Volunteers can meet many of the multiphasic necessities of needy citizens in areas of mental

health, vocational rehabilitation, training, food and nutrition, special programs for the aged, education, juvenile counseling, alcoholism and drug abuse, housing, and public health.

RECOMMENDATION: It is recommended that a series of bi-regional seminars be organized to facilitate the implementation of the findings and the conclusions of this R&D project by bringing together the state directors of vocational rehabilitation and welfare agencies to accomplish these objectives.

John E. Davis, Sc.D.
Project Director

PROJECT STAFF

John E. Davis, Sc.D.
Co-project Director

James R. Geletka
Co-project Director, April 1972 through December 1972

Ralph N. Pacinelli, Ed.D.
Co-project Director, September 1971 through March 1972

Dorothy Rigdon
Editor

Nina Dibala
Project Secretary

PLANNING COMMITTEE

Thomas J. Fleming and
William Bean, Ph.D.
Rehab. Services Administration
Department of HEW
Washington, D.C. 20201

Richard Dewey, Director
Center for Study of Voluntarism
University of Maryland
School of Social Work
1524 Hollins Street
Baltimore, Maryland 21223

George A. Engstrom, Chief and
Bertrum Griffis
Assistant Chief
Research Utilization Branch
Div. of Research & Demonstrations
Social and Rehabilitation Service
Department of HEW
Washington, D.C. 20201

John Keller, Director
Older American Volunteer Program
(ACTION)
806 Connecticut Avenue
Washington, D.C. 20525

Stan Levin, Project Director
Volunteer Project
Goodwill Industries of America
9200 Wisconsin Avenue
Washington, D.C. 20014

Reuben Margolin, Ed.D., Chairman
Dept. of Special Education and
Rehabilitation
Northeastern University
Boston, Massachusetts 02115

Peter Miller,
Director of Volunteer Services
Central Office,
Veterans Administration
Vermont & H Streets, N.W.
Washington, D.C. 20420

Barbara Pomeroy
Social Work Program Specialist
Community Services Administration
Department of HEW
Washington, D.C. 20201

Charles L. Roberts
Executive Vice President
International Association of
Rehab. Facilities
5530 Wisconsin Avenue
Washington, D.C. 20015

Helga Roth, Ph.D.
Vice President for
Program Information
National Center for Volunteer Action
1735 Eye Street, N.W.
Washington, D.C. 20006

Richard E. Sheppard
Chief, Support Services Division
District of Columbia Vocational
Rehab. Administration
1331 H Street, N.W.
Washington, D.C. 20005

PARTICIPANTS

*Mr. John J. Affleck, Director
Dept. of Social and Rehabilitation Services
1 Washington Avenue
Providence, Rhode Island 02905

Mr. Delwin M. Anderson
Director, Social Work Service
Veterans Administration Central Office
Vermont & H Streets, N.W.
Washington, D.C. 20420

Dr. Marvin S. Arffa
Regional Administrator for Retardation
Department of Mental Health
State of Massachusetts
No. 6 Lakeside Office Park
Wakefield, Massachusetts 01880

Mr. Edward J. Aud
Rehabilitative Services Director
Department of Institutions
Social and Rehabilitative Services
Oklahoma City, Oklahoma 73125

Dr. R. Kenneth Barnes
Deputy Secretary
Dept. of Budget and Fiscal Planning
State of Maryland
301 West Preston Street
Baltimore, Maryland 21201

William Bean, Ph.D., Program Analyst
Rehabilitation Services Administration
Department of HEW
Washington, D.C. 20201

Mrs. Elizabeth M. Cantor
Chief, Volunteer Services Office
D.C. Department of Human Resources
122 C Street, N.W.
Washington, D.C. 20001

Dr. Ronald W. Conley
Program Analysis Officer
Rehabilitation Services Administration
Department of HEW
Washington, D.C. 20201

Mr. Robert E. Coy
Assistant General Counsel
Veterans Administration Central Office
Vermont & H Streets, N.W.
Washington, D.C. 20420

Mr. Richard Dewey, Director
Center for Study of Voluntarism
University of Maryland
School of Social Work
1525 Hollins Street
Baltimore, Maryland 21223

*Mr. George H. Engstrom, Chief
Research Utilization Branch
Social and Rehabilitation Service
Department of HEW
Washington, D.C. 20201

Mr. John R. Fargher
Senior NRA Field Consultant
National Rehabilitation Association
1522 K Street, N.W.
Washington, D.C. 20005

Mr. William E. Flanigan
Social and Rehabilitation Service
Room 5332, South Building
Department of HEW
Washington, D.C. 20201

Mr. Thomas J. Fleming, Consultant
Rehabilitation Services Administration
Division of Service Systems
Department of HEW
Washington, D. C. 20201

Mrs. Elizabeth A. Frier
Volunteer Coordinator
Michigan Dept. of Social Services
Lewis Cass Building
Lansing, Michigan 48913

Dr. James F. Garrett
Assistant Administrator
Social and Rehabilitation Service
Department of HEW
Washington, D.C. 20201

*George J. Goldin, Ph.D.
Research Director
New England Rehab. Research Institute
Northeastern University
Boston, Massachusetts 02115

Mr. Bert Griffis
Research Utilization Branch
Office of Research & Demonstrations
Social and Rehabilitation Service
Department of HEW
Washington, D.C. 20201

Mr. Robert L. Hall
Executive Director
Madison Opportunity Center, Inc.
601 East Main Street
Madison, Wisconsin 53703

Mrs. Catherine B. Healey
Coordinator, Older Americans
Volunteer Program
ACTION - Region IV
730 Peachtree Street, N.E.
Atlanta, Georgia 30308

Mr. William V. Herbein, Director
Bureau of Vocational Rehabilitation
Rehabilitation Services Commission
4574 Heaton Road
Columbus, Ohio 43229

Mrs. Jennie Jenkins
Director of Volunteer Services
Community Action Agency
11 East Mt. Royal Avenue
Baltimore, Maryland 21202

Mr. Evan Jones, Director
State Division of Family Services
Utah State Department of Social Services
231 East 4th Street, South
Salt Lake City, Utah 84111

Mr. John B. Keller, Director
Older American Volunteer
Program (ACTION)
806 Connecticut Avenue
Washington, D. C. 20525

Mr. Joseph Kohn
Executive Director
Commission for the Blind
Department of Institutions & Agencies
1100 Raymond Boulevard
Newark, New Jersey 07102

Mr. Stan Levin, Project Director
Volunteer Project
Goodwill Industries of America
9200 Wisconsin Avenue
Washington, D.C. 20014

Professor Matthew Luzzi
New England Rehab. Research Institute
Northeastern University
Boston, Massachusetts 02115

Mrs. Mary McDonald
Chief of Volunteers
Fairfax-Falls Church Mental Health Center
2949 Sleepy Hollow Road
Falls Church, Virginia 22044

Mr. Peter Miller
Director, Volunteer Services
Veterans Administration Central Office
Vermont & H Streets, N.W.
Washington, D.C. 20420

Mrs. Constance Mills
N.J. Commission for the Blind and
Visually Impaired
1100 Raymond Boulevard
Newark, New Jersey 07102

Mrs. Harriet Naylor
Northeast Regional Director
National Center for Voluntary Action
Box 443
Rensselaer, New York 12144

Miss Nina Neupert
Volunteer Services Coordinator
Division of Family Services
1206 Northport Drive
Madison, Wisconsin 54702

Dr. Edward Newman
Commissioner
Rehabilitation Services Administration
Department of HEW
Washington, D.C. 20201

Ralph N. Pacinelli, Ed.D.
Director of Development and
Community Education
Elwyn Institute
111 Elwyn Road
Elwyn, Pennsylvania 19063

Mrs. Barbara Pomeroy
Liaison for Citizen Participation
Community Services Administration
Department of HEW
Washington, D.C. 20201

Mr. Henry Redkey
Department of Rehabilitation Studies
University of Wisconsin - Stout
Menomonie, Wisconsin 54751

Mr. O. E. Reece
Assistant Commissioner
Division of Vocational Rehabilitation
State Board of Vocational Rehabilitation
Suite 1400 - 1808 West End Building
Nashville, Tennessee 37203

Mr. Charles L. Roberts
Executive Vice President
International Association of
Rehabilitation Facilities
5530 Wisconsin Avenue
Washington, D. C. 20015

Mr. Paul E. Roland
Director of Programs
National Rehabilitation Training Institute
41 South Crawford Street
Danville, Illinois 61832

Helga Roth, Ph.D.
Vice President for Program Information
National Center for Volunteer Action
1735 Eye Street, N.W.
Washington, D.C. 20006

Mrs. Diane S. Roupe
Project Chairman
Volunteers in Rehabilitation
The Goodwill Industries of America
110 42nd Street
Des Moines, Iowa 50312

Mr. Richard E. Sheppard
Chief, Support Services Division
D.C. Vocational Rehabilitation Administration
1331 H Street, N.W.
Washington, D.C. 20005

Mrs. Daniel Sise
Easter Seal/Goodwill
Rehabilitation Center
20 Brookside Avenue
New Haven, Connecticut 06515

Mr. Sidney Smith
Virginia Commission for the
Visually Handicapped
3003 Parkwood Avenue
Richmond, Virginia 23221

Mr. Jerry L. Starkweather, Director
Division of Rehabilitation Education
and Services
801 Bankers Trust Building
Des Moines, Iowa 50309

Mr. Bert N. Smith
State Director of Volunteers
State Welfare Department
Montpelier, Vermont 05602

Mr. Theodore J. Witham
Assistant Regional Commissioner, RS
Social and Rehabilitation Service
Department of HEW
300 South Wacker Drive - 30th Floor
Chicago, Illinois 60607

*Unable to attend

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INTERNATIONAL
ASSOCIATION OF
REHABILITATION
FACILITIES

5530 WISCONSIN AVENUE, SUITE 955
WASHINGTON, D.C. 20015
(301) 654-5882